

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

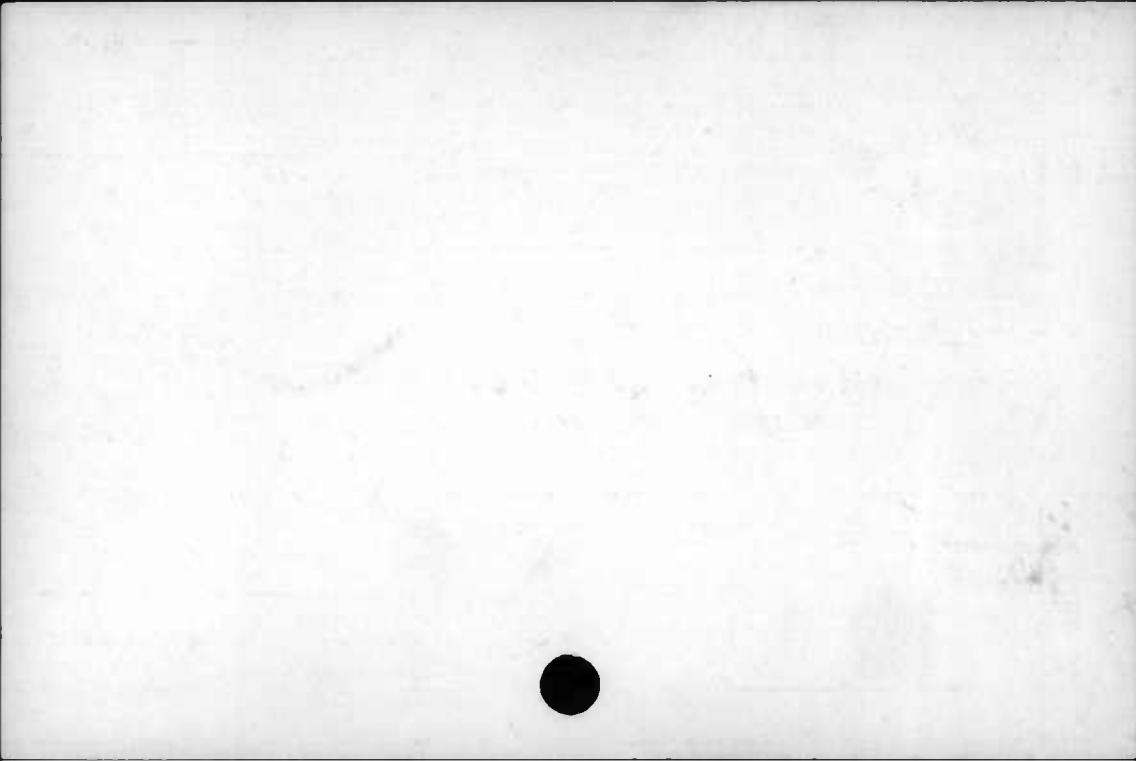
|                                   |                        |                   |       |   |                         |              |   |
|-----------------------------------|------------------------|-------------------|-------|---|-------------------------|--------------|---|
| Died at <i>Run Farm</i>           |                        | Town <i>Baker</i> |       | County <i>Br 4u</i>                     |                         | MARYLAND     |   |
| Date of death                     | 1908                   | Month             | July  | Day                                     | 25th                    | Years        | 1 |
| Sex                               | Female                 | Color or Race     | White | Birth-place                             | Ind                     |              |   |
| Occupation                        |                        |                   |       | Where Residing if not at place of death |                         |              |   |
| Married, Single or Widowed        | In                     |                   |       | Name of Wife or Husband <i>In</i>       |                         |              |   |
| Father's Name                     | <i>Henry J Baker</i>   |                   |       |   | Father's Birthplace     | <i>Ind</i>   |   |
| Mother's Maiden Name              | <i>Mary E Lovelace</i> |                   |       |   | Mother's Birthplace     | <i>Ind</i>   |   |
| Name of person giving information | <i>Lu Baker</i>        |                   |       |   | How related to deceased | <i>Uncle</i> |   |

## CAUSES OF DEATH

(151)

PHYSICIAN  
OR CORONER

|  |                  |                        |                     |
|--|------------------|------------------------|---------------------|
| Primary  | <i>Cy anosis</i> | How long               | <i>4 hours</i>      |
| Immediate  |                  | How long               |                     |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>       | Signature of Physician | <i>W. T. Taylor</i> |
|  |                  | Address                | <i>Laurel Ind</i>   |
| Accident or Suicide?   |                  |                        |                     |



Name  
in  
Full

Rayner Corloun Ball

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Hesstville*<sup>County</sup> *Prince George*Date of death <sup>Month</sup> *8 July* <sup>Day</sup> *14*<sup>Age</sup> *1* <sup>Years</sup><sup>Months</sup><sup>Days</sup>Sex *male*Color or  
Race*White*Birth-  
place*Md*

Occupation

*none*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*George F. Ball*Father's  
Birthplace*Md*Mother's  
Maiden Name*Sarah Hurdle*Mother's  
Birthplace*Md*Name of person giving  
Information*George F. Ball*How related  
to deceased*Father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

*Cholera Infantum*

How long

*48 hrs.*

Immediate

*collapse*

How long

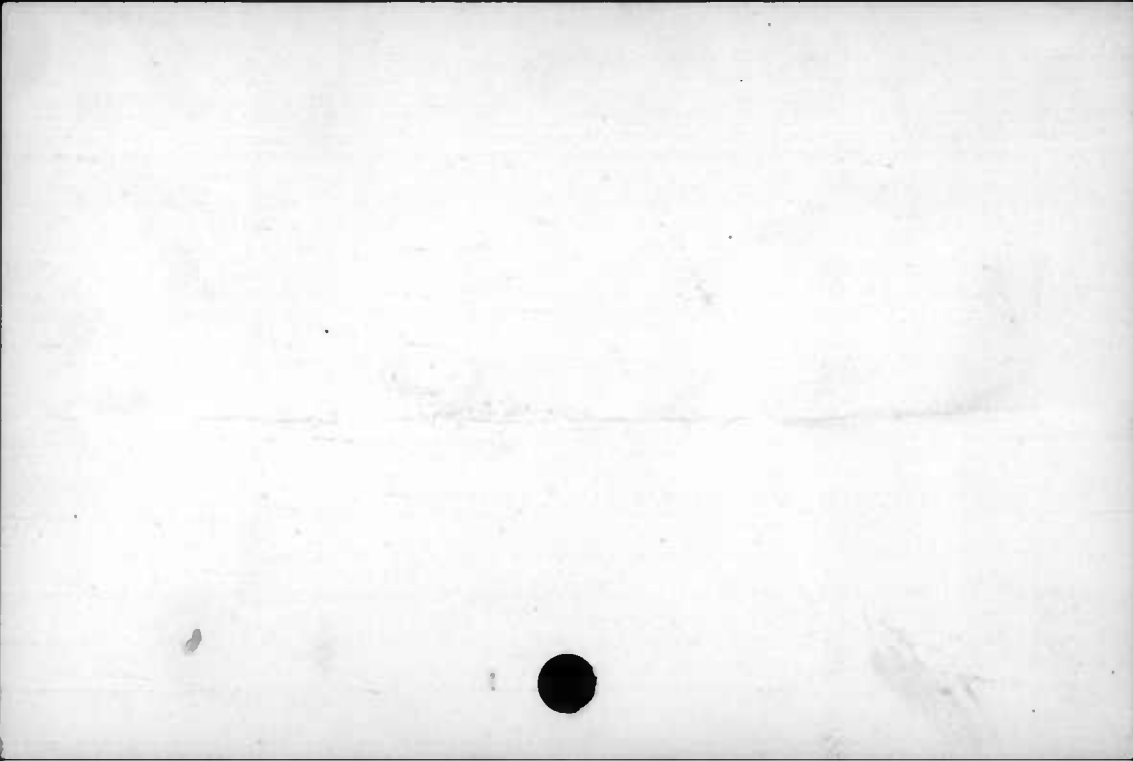
*Immediate*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Wm E. Sausbury*

Address

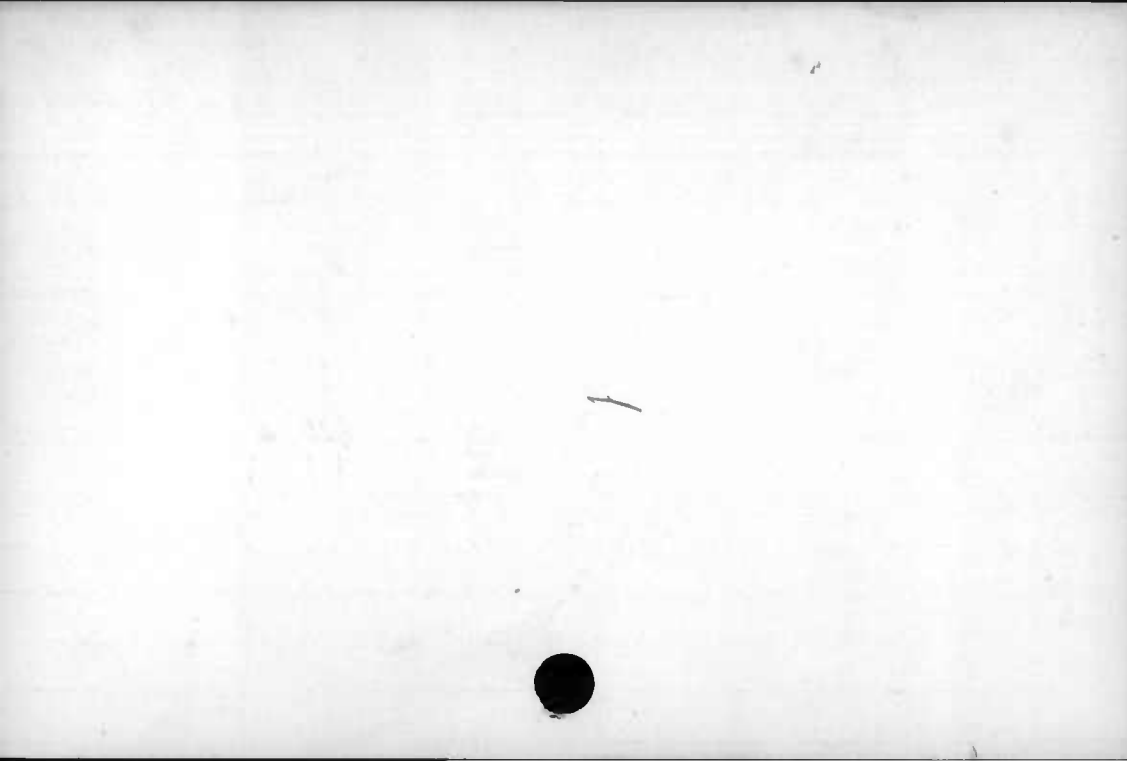
*Hesstville**Md.*

Accident or Suicide?

*neither*



| Name in Full  |  | George Belt    |         |  |   | CERTIFICATE OF DEATH |                  |             |             |
|---|--|----------------|---------|--|---|----------------------|------------------|-------------|-------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND   | Died at  | Upper Marlboro |         |  | P.G.                                    |                      | MARYLAND         |             |             |
|   | Date of death  | 1908           | Month 7 | Day 6  | Age                                     | Years                | Months 6         | Days        |             |
|   | Sex  | Male           |         |  | Color or Race                           | Black                |                  | Birth-place | P.Gles. Ind |
|   | Occupation   |                |         |  | Where Residing if not at place of death |                      |                  |             |             |
|   | Married, Single or Widowed   |                |         |  | Name of Wife or Husband                 |                      |                  |             |             |
|   | Father's Name  | Henry Belt     |         |  |   | Father's Birthplace  | P.G. Ind         |             |             |
|   | Mother's Maiden Name   | Lavinia Ennis  |         |  |   | Mother's Birthplace  | P.Gles. Ind      |             |             |
| Name of person giving information   | Henry Belt   |                |         |  | How related to deceased                 | Father               |                  |             |             |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">179</div> |  |                |         |  |   |                      |                  |             |             |
| PHYSICIAN<br>OR CORONER   | Primary  | Don't know     |         |  |   | How long             | Sick since birth |             |             |
|   | Immediate  | Don't know     |         |  |   | How long             | since father     |             |             |
|   | Are the name, age, sex, color, date and place correctly given above? |                |         |  | Signature of Physician                  |                      |                  |             |             |
|   | Accident or Suicide?   |                |         |  | Address                                 |                      |                  |             |             |
|   |  |                |         | P. Ennis Smithwick Co<br>Sub Postage<br>Upper Marlboro Ind |   |                      |                  |             |             |



Name  
in  
Full

Andrew Thomas Bladen Jr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

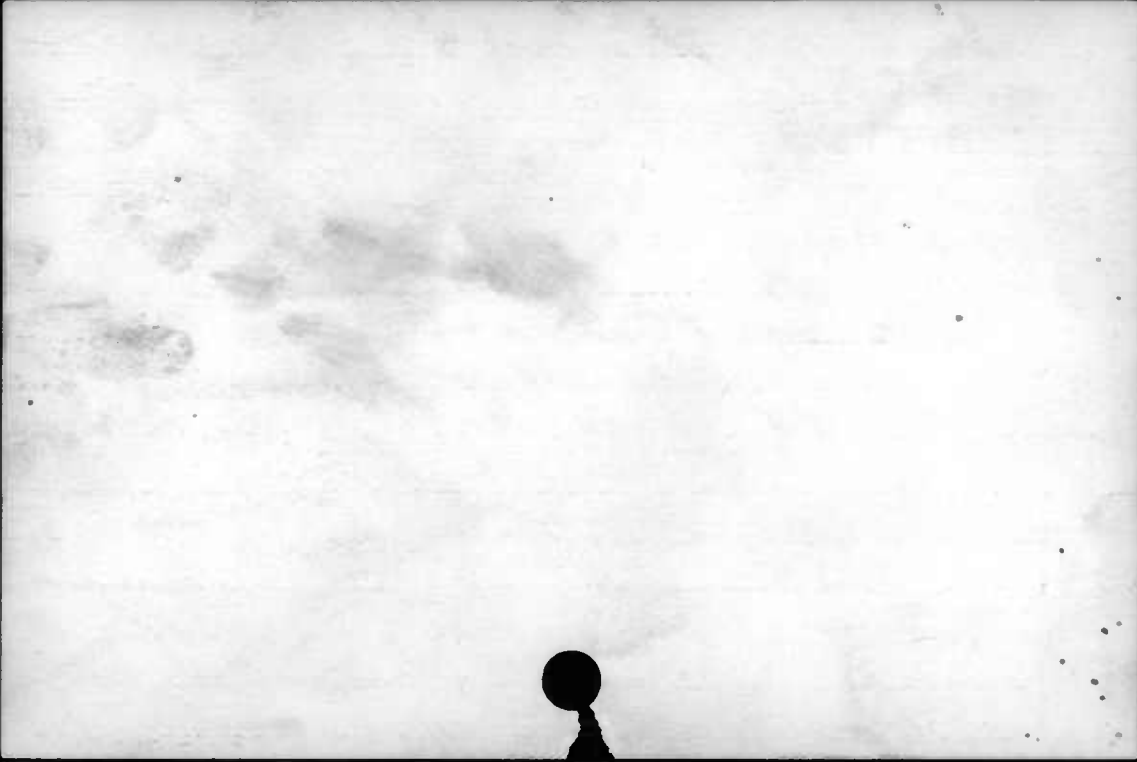
|  |  |                           |  |   |  |                   |  |             |  |            |  |
|--|--|---------------------------|--|---|--|-------------------|--|-------------|--|------------|--|
| Died at  |  | Town<br>Branchville       |  | County<br>Pr. Geo.                              |  | MARYLAND          |  |             |  |            |  |
| Date<br>of death                                     |  | Month<br>July             |  | Day<br>3  |  | Age<br>Years<br>— |  | Months<br>1 |  | Days<br>27 |  |
| Sex<br>Male  |  | Color or<br>Race<br>white |  | Birth-<br>place<br>Md.                          |  |                   |  |             |  |            |  |
| Occupation<br>—                                      |  |                           |  | Where Residing if not<br>at place of death<br>— |  |                   |  |             |  |            |  |
| Married, Single<br>or Widowed<br>S                   |  |                           |  | Name of Wife or<br>Husband<br>—                 |  |                   |  |             |  |            |  |
| Father's<br>Name<br>Andrew Thomas Bladen             |  |                           |  | Father's<br>Birthplace<br>Md.                   |  |                   |  |             |  |            |  |
| Mother's<br>Maiden Name<br>Laura A. Bryant           |  |                           |  | Mother's<br>Birthplace<br>Md. S.C.              |  |                   |  |             |  |            |  |
| Name of person giving<br>Information<br>A. T. Bladen |  |                           |  | How related<br>to deceased<br>Father            |  |                   |  |             |  |            |  |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|   |  |                  |  |   |  |
|---|--|------------------|--|---|--|
| Primary   |  | Cholera Infantum |  | How long<br>2 weeks                       |  |
| Immediate   |  |                  |  |   |  |
| Are the name, age, sex, color, date<br>and place correctly given above? |  | yes              |  | Signature of<br>Physician<br>A. T. Bladen |  |
|   |  |                  |  | Address<br>Circova Md.                    |  |
| Accident or Suicide?  |  |                  |  |   |  |





Name  
in  
Full

Elsie May Bryant -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

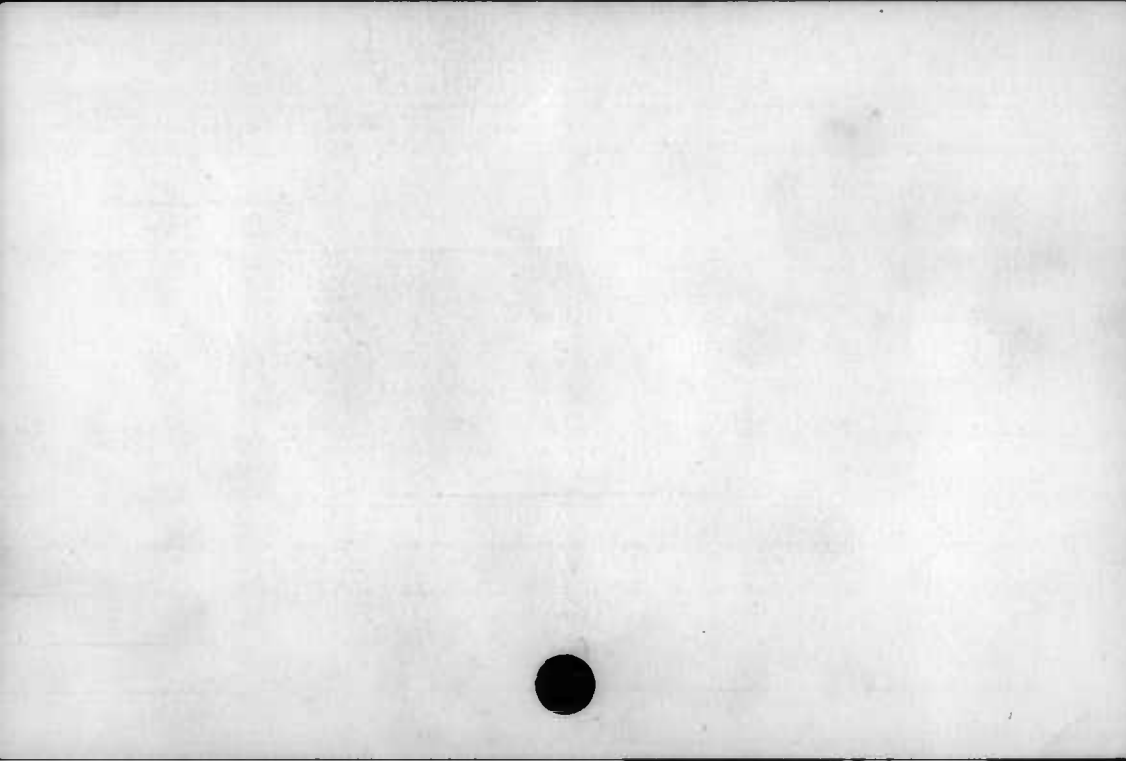
|  |   |                                    |                           |                             |                          |
|--|---|------------------------------------|---------------------------|-----------------------------|--------------------------|
| Died at <i>Imvado</i> <sup>Town</sup>                  |   | <i>P. O. Co.</i> <sup>County</sup> |                           | MARYLAND                    |                          |
| Date of death <i>1908</i> <sup>Month</sup> <i>July</i> |   | <i>8</i> <sup>Day</sup>            | <i>—</i> <sup>Years</sup> | <i>11</i> <sup>Months</sup> | <i>—</i> <sup>Days</sup> |
| Sex <i>female</i>                                      | Color or Race <i>white</i>              |                                    | Birth-place <i>Md.</i>    |                             |                          |
| Occupation <i>none</i>                                 | Where Residing if not at place of death |                                    |                           |                             |                          |
| Married, Single or Widowed <i>single</i>               | Name of Wife or Husband                 |                                    |                           |                             |                          |
| Father's Name <i>James H. Bryant</i>                   | Father's Birthplace <i>Md.</i>          |                                    |                           |                             |                          |
| Mother's Maiden Name <i>Ida B. Tabler</i>              | Mother's Birthplace <i>Md.</i>          |                                    |                           |                             |                          |
| Name of person giving information <i>Ida B. Bryant</i> | How related to deceased <i>mother</i>   |                                    |                           |                             |                          |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Cholera Infantum</i>   | How long <i>24 hrs</i>                    |
| Immediate <i>asthenia</i>   | How long <i>1 hour</i>                    |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. M. Brady</i> |
|   | Address <i>Penn. Av. 1412</i>             |
| Accident or Suicide?  |   |



Name  
in  
Full

Mary F. Butler

## CERTIFICATE OF DEATH

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NEAREST FRIEND

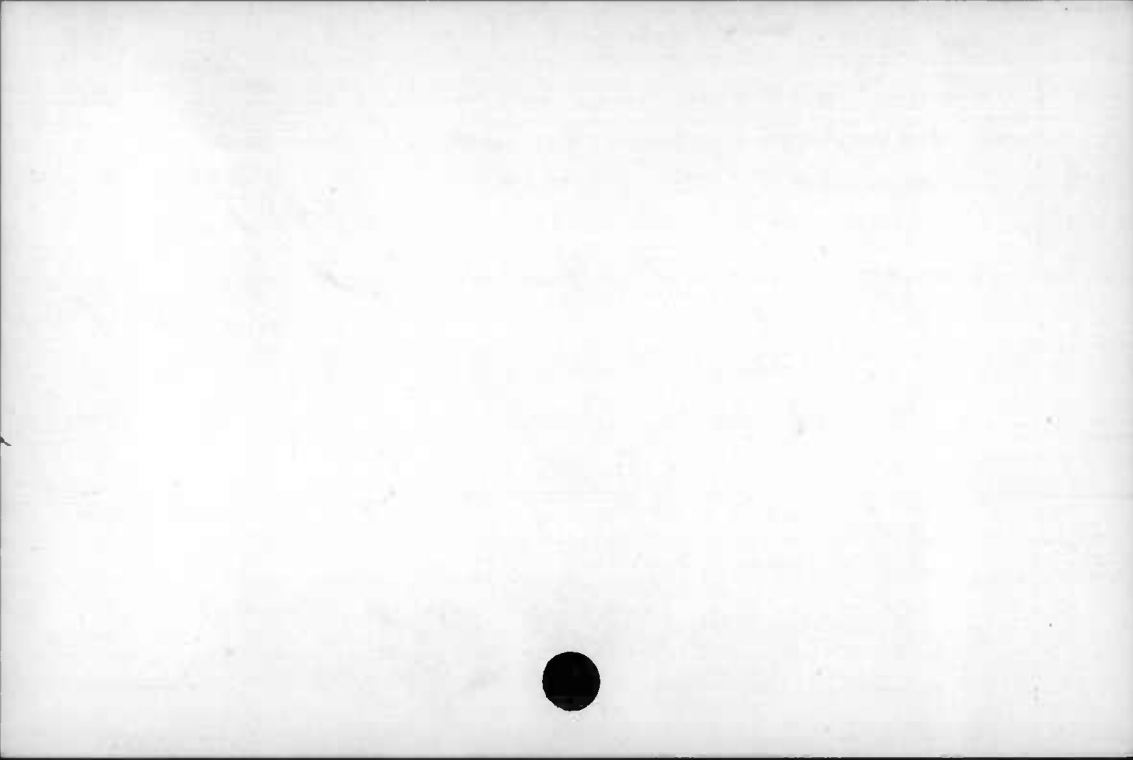
|  |  |  |  |               |  |
|--|--|--|--|---------------|--|
| Died at <i>Westphalia</i> <sup>Town</sup>  |  | <i>R. Geo</i> <sup>County</sup>                  |  | MARYLAND      |  |
| Date of death <i>1908</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>11</i> <sup>Years</sup> <i>21</i> |  | Months <i>-</i>                                  |  | Days <i>-</i> |  |
| Sex <i>Female</i>  | Color or Race <i>Black</i>                   | Birth-place <i>R. Geo Co. Md</i>                 |  |               |  |
| Occupation <i>none</i>   |  | Where Residing if not at place of death <i>-</i> |  |               |  |
| Married, Single or Widowed <i>Married</i>  | Name of Wife or Husband <i>Laurel Butler</i> |  |  |               |  |
| Father's Name <i>Henry S. Briggs</i>   | Father's Birthplace <i>P. Co Md</i>          |  |  |               |  |
| Mother's Maiden Name <i>Hubert</i>   | Mother's Birthplace <i>" "</i>               |  |  |               |  |
| Name of person giving information <i>Gabriel Diggs</i>   |  | How related to deceased <i>None</i>              |  |               |  |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Tuberculosis</i>  | How long <i>1 1/2 Yr</i>                    |
| Immediate  | How long <i>1 1/2 Yr</i>                    |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>L. C. Giffels</i> |
|  | Address <i>Upper Marlboro Md</i>            |
| Accident or Suicide?   |   |



Name  
in  
Full

Ida Chisley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

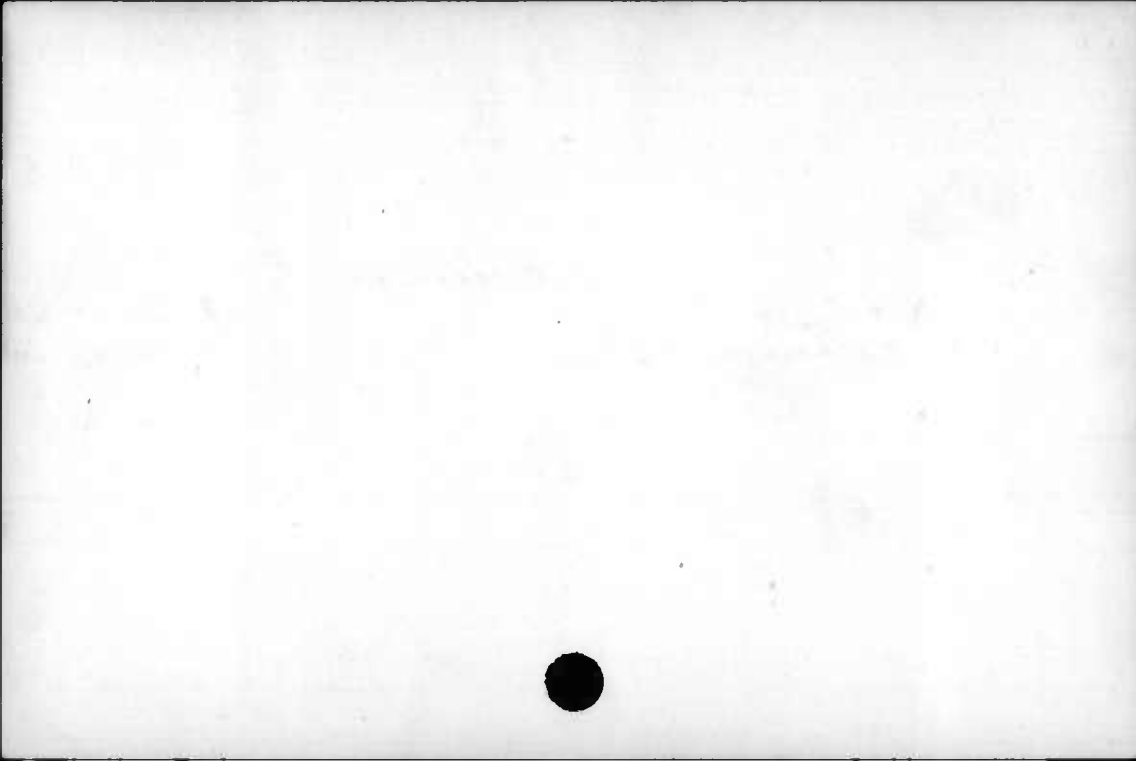
|   |             |  |             |                         |                 |
|---|-------------|--|-------------|-------------------------|-----------------|
| Died at <i>Prince Georges</i> <sup>Town</sup> |             | <i>Prince Georges</i> <sup>County</sup>                  |             | MARYLAND                |                 |
| Date of death                                 | <i>1908</i> | Month  | <i>July</i> | Day                     | <i>29</i>       |
| Age   |             | <i>30</i>  |             | Years                   |                 |
| Sex   |             | <i>Female</i>  |             | Color or Race           | <i>Mulatto</i>  |
| Occupation                                    |             | <i>Housewife</i>   |             | Birth-place             | <i>Maryland</i> |
| Where Residing if not at place of death       |             | <i>At home</i>   |             |                         |                 |
| Married, Single or Widowed                    |             | Name of <del>Wife</del> or Husband <i>Hilton Chisley</i> |             |                         |                 |
| Father's Name                                 |             | <i>Robert Douglas</i>                                    |             | Father's Birthplace     | <i>Maryland</i> |
| Mother's Maiden Name                          |             | <i>Mollie Reeder</i>                                     |             | Mother's Birthplace     | <i>Maryland</i> |
| Name of person giving information             |             | <i>Hilton Chisley</i>                                    |             | How related to deceased | <i>Husband</i>  |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|  |                              |                           |                 |
|--|------------------------------|---------------------------|-----------------|
| Primary  | <i>Pulmonary Consumption</i> | How long                  | <i>one year</i> |
| Immediate  | <i>apnoea &amp; aethenia</i> | How long                  |                 |
| Are the name, age, sex, color, date and place correctly given above? |                              | <i>Yes</i>                |                 |
| Signature of Physician   |                              | <i>Wm. A. Marlbury MD</i> |                 |
| Address  |                              | <i>Agnesco</i>            |                 |
| Accident or Suicide?   |                              | <i>Maryland</i>           |                 |



Name  
in  
Full

Richard A. Curtin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Chellenham Town

Pr. Geo County

Date of death 1908

Month 7

Day 7

Age 66 Years

Months

Days

Sex Male

Color or Race

White

Birth-place

Md

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Catherine Curtin

Father's Name

R. H. Curtin

Father's Birthplace

Pr. Geo. Co. Md

Mother's Maiden Name

Catherine Selby

Mother's Birthplace

Pr. Geo. Co. Md

Name of person giving information

Geo. Curtin

How related to deceased

Son

## CAUSES OF DEATH

79

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

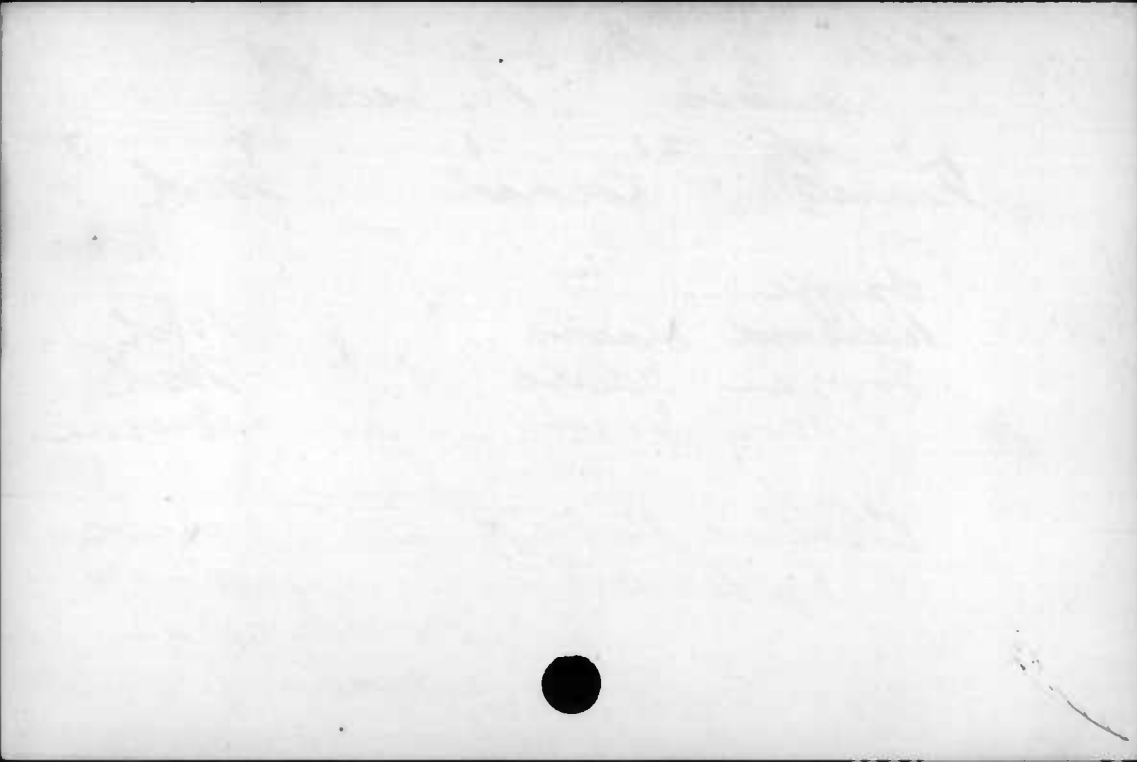
Signature of Physician

Address

John A. Cor  
I.B. Md

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
In  
Full.

## CERTIFICATE OF DEATH

*Ellie Bertina Davis*  
 Town *Aguasco* County *P. H. Davis*

MARYLAND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

105

Primary

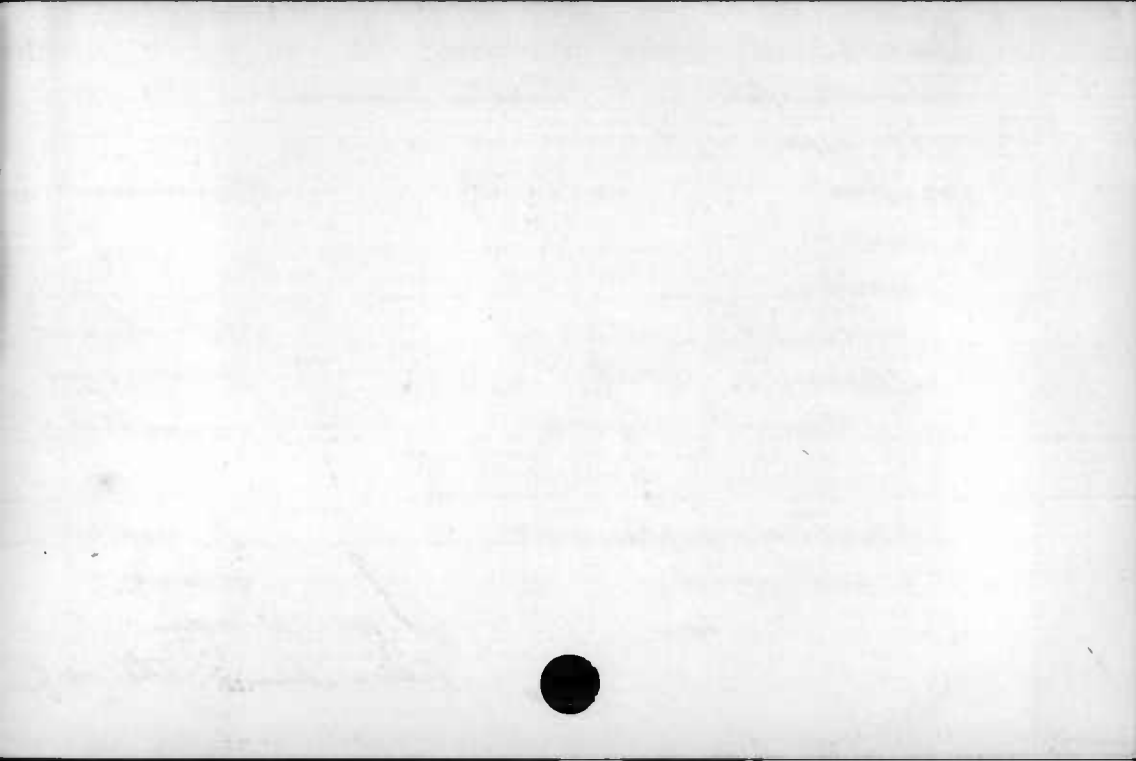
Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

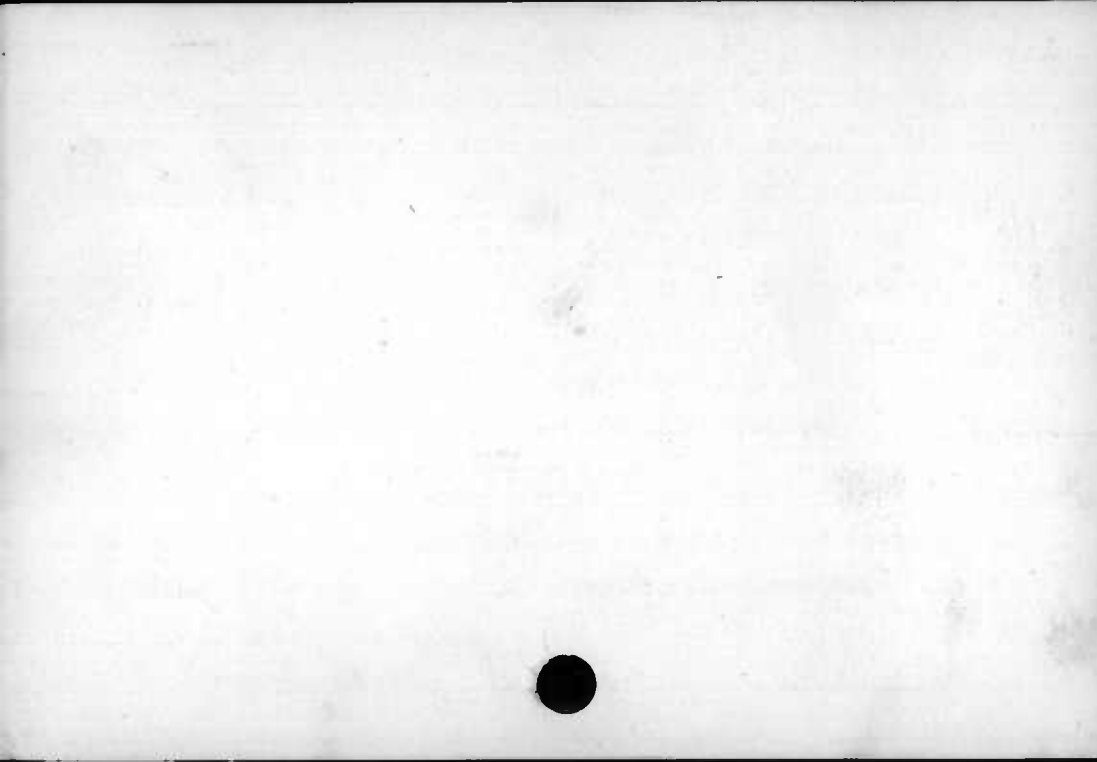
Address

Accident or Suicide?

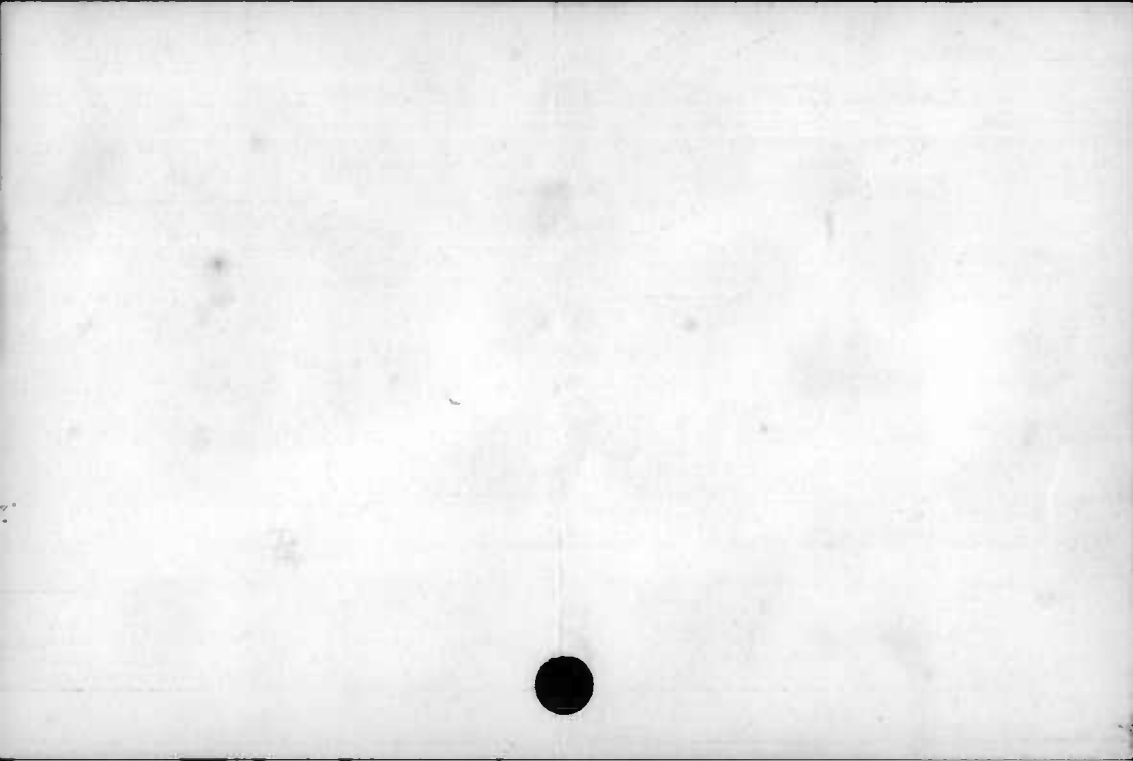
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



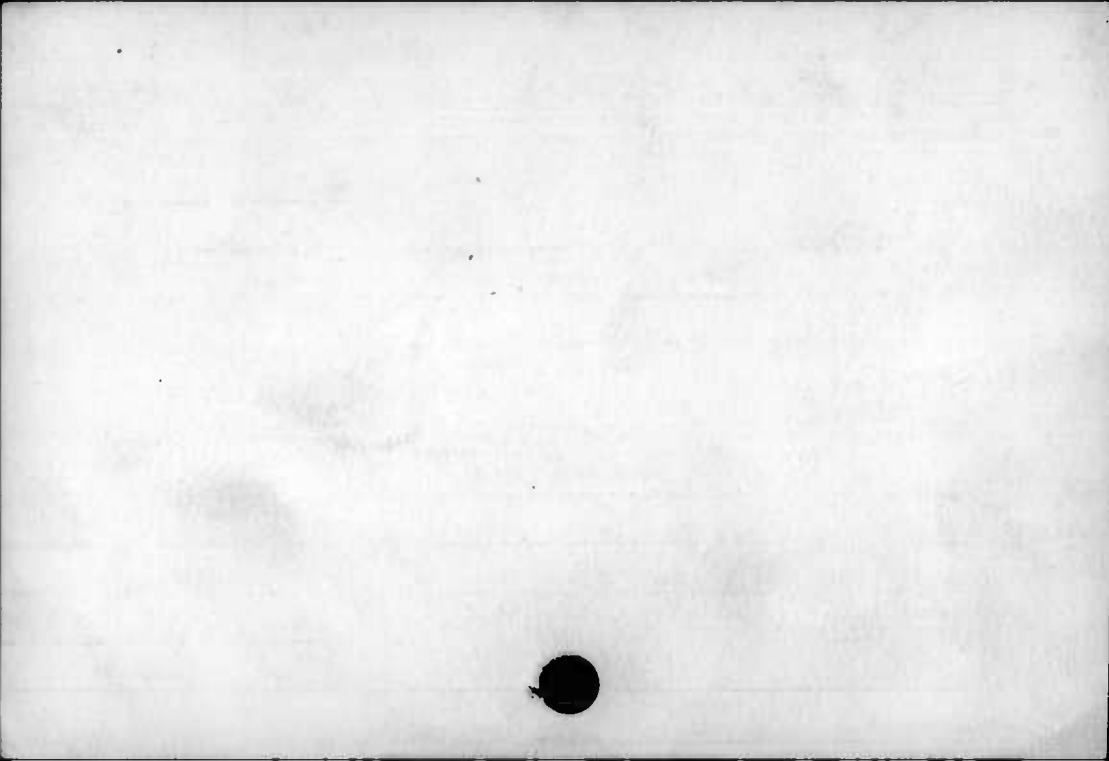
| Name in Full   |  | James Earnest Davis |      |   |     | CERTIFICATE OF DEATH |        |
|--|--|---------------------|------|---|-----|----------------------|--------|
| Died at  |  | Cedar Heights       |      | County                                  |     | Baltimore            |        |
| Date of death  |  | 1908                | July | 18                                      | Age | —                    | Months |
| Sex  |  | male                |      | Color or Race                           |     | white                |        |
| Occupation   |  | none                |      | Where Residing if not at place of death |     | Maryland             |        |
| Married, Single or Widowed   |  | single              |      | Name of Wife or Husband                 |     |                      |        |
| Father's Name  |  | James E. Davis      |      | Father's Birthplace                     |     | Maryland             |        |
| Mother's Maiden Name   |  | Mary E. Hall        |      | Mother's Birthplace                     |     | Maryland             |        |
| Name of person giving information                                    |  | Mary E. Davis       |      | How related to decedent                 |     | mother               |        |
| CAUSES OF DEATH  |  |                     |      |   |     |                      |        |
| Primary  |  | gastro-enteritis    |      |   |     | How long             |        |
| Immediate  |  | asthma              |      |   |     | How long             |        |
| Are the name, age, sex, color, date and place correctly given above? |  | yes                 |      |   |     | 1 mo - 6 hrs -       |        |
| Signature of Physician   |  | J M Brady           |      |   |     |                      |        |
| Address  |  | Penikese, Md.       |      |   |     |                      |        |
| Accident or Suicide?   |  |                     |      |   |     |                      |        |



| Name<br>in<br>Full                    |   | Louis Thomas Deakins |               |                            |                            | CERTIFICATE OF DEATH      |                      |
|---------------------------------------|---|----------------------|---------------|----------------------------|----------------------------|---------------------------|----------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND   | Died at   | Town<br>Riverdale    |               | County<br>Pr Geo           |                            | MARYLAND                  |                      |
|                                       | Date<br>of death  | 1908                 | Month<br>July | Day<br>23                  | Years<br>24                | Months<br>11              | Days<br>3            |
|                                       | Sex   | Male                 |               | Color or<br>Race           | White                      |                           |                      |
|                                       | Occupation  | Electrician          |               |                            | Birth-<br>place            | D.C.                      |                      |
|                                       | Where Residing if not<br>at place of death                              |                      |               | —                          |                            |                           |                      |
|                                       | Married, Single<br>or Widowed   | Single               |               | Name of Wife or<br>Husband | —                          |                           |                      |
|                                       | Father's<br>Name  | Thos. Albert Deakins |               |                            |                            | Father's<br>Birthplace    | Pr Geo Co<br>D.C. Md |
| Mother's<br>Maiden Name               | Mary Elizabeth Keifer   |                      |               |                            | Mother's<br>Birthplace     | D.C.                      |                      |
| Name of person giving<br>In formation | Thos. A Deakins   |                      |               |                            | How related<br>to deceased | father                    |                      |
| CAUSES OF DEATH                       |   |                      |               |                            |                            |                           |                      |
| PHYSICIAN<br>OR CORONER               | Primary   | Typhoid fever        |               |                            |                            | How long                  | 20 days              |
|                                       | Immediate   | Pneumonia            |               |                            |                            | How long                  | 2 days               |
|                                       | Are the name, age, sex, color, date<br>and place correctly given above? | Yes                  |               |                            |                            | Signature of<br>Physician | Surf. Hatter MD      |
|                                       |   |                      |               |                            |                            | Address                   | Hyattsville<br>Md    |
|                                       | Accident or Suicide?  | Neither              |               |                            |                            |                           |                      |



| Name<br>in<br>Full                   |   | Ester Dove |                  |                            |  | Burrice George |                           |  |                   | CERTIFICATE OF DEATH |          |     |  |
|--------------------------------------|---|------------|------------------|----------------------------|--|----------------|---------------------------|--|-------------------|----------------------|----------|-----|--|
| TO BE ANSWERED BY<br>NEAREST FRIEND  | Died at   |            | Farmont Heights  |                            | Town                                       |                | Burrice George            |  | County            |                      | MARYLAND |     |  |
|                                      | Date<br>of death  |            | 1908             |                            | July                                       |                | 7                         |  | Age               |                      | —        |     |  |
|                                      | Sex   |            | female           |                            | Color or<br>Race                           |                | white                     |  | Birth-<br>place   |                      | Maryland |     |  |
|                                      | Occupation  |            | none             |                            | Where Residing if not<br>at place of death |                | Capitol Heights Md        |  |                   |                      |          |     |  |
|                                      | Married, Single<br>or Widowed   |            | single           |                            | Name of Wife or<br>Husband                 |                | —                         |  |                   |                      |          |     |  |
|                                      | Father's<br>Name  |            | George E. Dove   |                            | Father's<br>Birthplace                     |                | Md                        |  |                   |                      |          |     |  |
|                                      | Mother's<br>Maiden Name   |            | Mary Edelen      |                            | Mother's<br>Birthplace                     |                | Md-                       |  |                   |                      |          |     |  |
| Name of person giving<br>information |   | G. E. Dove |                  | How related<br>to deceased |  | father         |                           |  |                   |                      |          |     |  |
| CAUSES OF DEATH                      |   |            |                  |                            |  |                |                           |  |                   |                      |          | 105 |  |
| PHYSICIAN<br>OR CORONER              | Primary   |            | gastro-enteritis |                            |  |                | How long                  |  | 1 week            |                      |          |     |  |
|                                      | Immediate   |            | asthenia         |                            |  |                | How long                  |  | 1 hour            |                      |          |     |  |
|                                      | Are the name, age, sex, color, date<br>and place correctly given above? |            | yes              |                            |  |                | Signature of<br>Physician |  | J M Brady         |                      |          |     |  |
|                                      |   |            |                  |                            |  |                | Address                   |  | Kensilworth, N.C. |                      |          |     |  |
| Accident or Suicide?                 |   |            |                  |                            |  |                |                           |  |                   |                      |          |     |  |





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

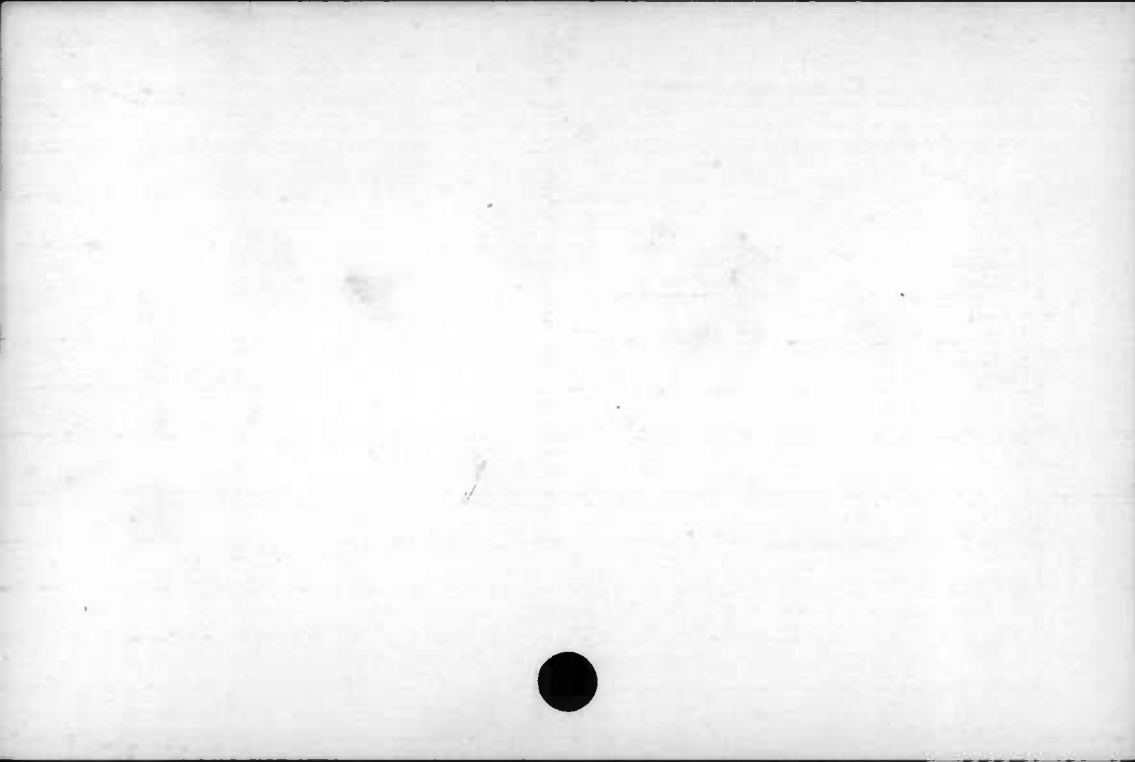
## CERTIFICATE OF DEATH

|                                   |                |               |        |   |        |          |  |
|-----------------------------------|----------------|---------------|--------|---|--------|----------|--|
| Died at                           |                | Town          |        | County                                  |        | MARYLAND |  |
| Date of death                     |                | Month         | Day    | Years                                   | Months | Days     |  |
| 1908                              |                | July          | 14     | Age                                     | 21     |          |  |
| Sex                               | Male           | Color or Race | Black  | Birth-place                             | Md     |          |  |
| Occupation                        | None           |               |        | Where Residing if not at place of death |        |          |  |
| Married, Single or Widowed        | Single         |               |        | Name of Wife or Husband                 |        |          |  |
| Father's Name                     | E. G. Dyson    |               |        | Father's Birthplace                     |        |          |  |
| Mother's Maiden Name              | Clara White    |               |        | Mother's Birthplace                     |        |          |  |
| Name of person giving information | Capt. G. Dyson |               |        | How related to deceased                 |        |          |  |
|                                   |                |               | Father |   |        |          |  |

## CAUSES OF DEATH

71

|  |                          |
|--|--------------------------|
| Primary  | How long                 |
| Immediate  | How long                 |
| Convulsion's   | 2 hours                  |
| Are the name, age, sex, color, date and place correctly given above? | Yes                      |
| Signature of Physician   | L. E. Padgett, Acv' Cor' |
| Address  | Sut. Register            |
| Accident or Suicide?   | W. P. Maitland           |
| Neither  | ma                       |
| no Phy - in attendance   |                          |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

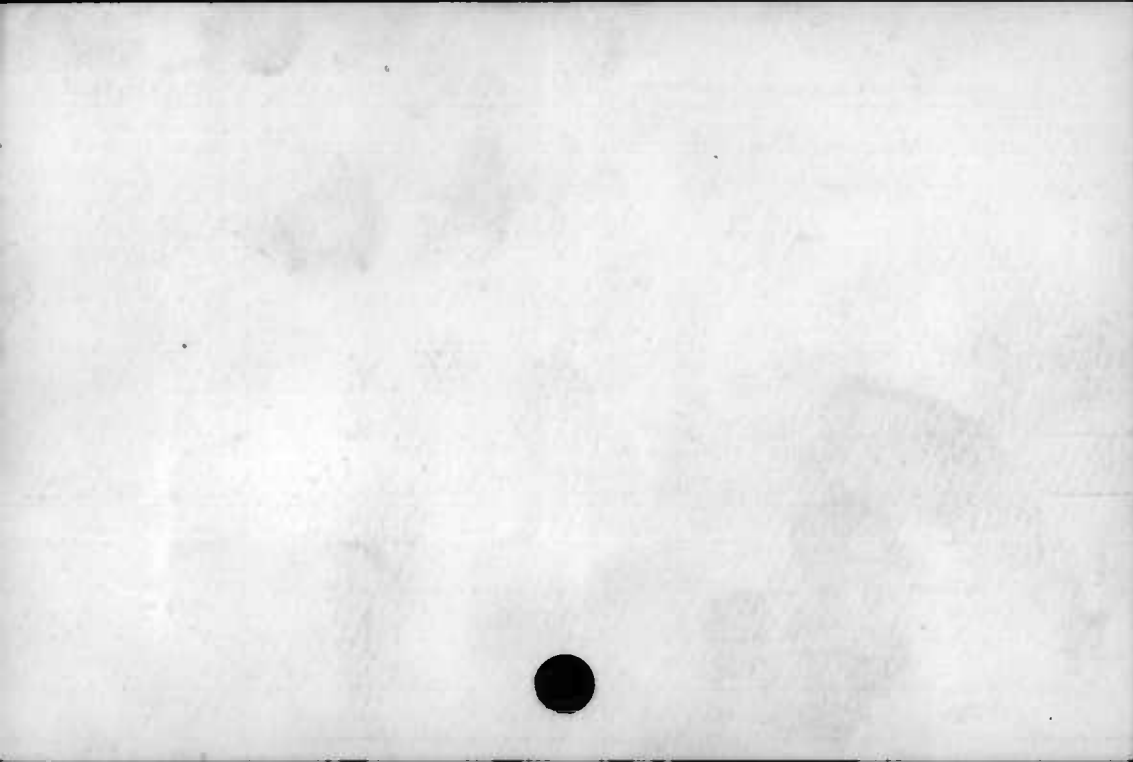
|  |              |  |  |             |             |
|--|--------------|--|--|-------------|-------------|
| Died at <i>Label</i> <sup>Town</sup>                 |              | <i>Prince George</i> <sup>County</sup> |  | MARYLAND    |             |
| Date of death  | 190 <i>8</i> | Month                                  | <i>7</i>   | Day         | <i>19</i>   |
| Age  |              | <i>—</i>                               |  | Years       | <i>—</i>    |
| Sex <i>male</i>                                      |              | Color or Race <i>Colored</i>           |  | Birth-place | <i>D.C.</i> |
| Occupation <i>—</i>                                  |              |  | Where Residing if not at place of death <i>—</i> |             |             |
| Married, Single or Widowed <i>—</i>                  |              |  | Name of Wife or Husband                          |             |             |
| Father's Name <i>Samuel Edmonds</i>                  |              |  | Father's Birthplace <i>Do not know</i>           |             |             |
| Mother's Maiden Name <i>Annie Daley</i>              |              |  | Mother's Birthplace <i>Honolulu, Me</i>          |             |             |
| Name of person giving information <i>Harry Daley</i> |              |  | How related to deceased <i>none</i>              |             |             |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|   |                          |  |                |
|---|--------------------------|--|----------------|
| Primary   | <i>Acute Ileocolitis</i> | How long                                       | <i>3 weeks</i> |
| Immediate   | <i>Holhemia</i>          | How long                                       | <i>2 x hrs</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |                          | Signature of Physician <i>Harry Daley M.D.</i> |                |
|   |                          | Address <i>W. Raimier Me</i>                   |                |
| Accident or Suicide?  |                          |  |                |



| Name in Full   |  | Seth Allen Evans |   |               |                         | CERTIFICATE OF DEATH |                            |
|--|--|------------------|---|---------------|-------------------------|----------------------|----------------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND  | Died at <i>Mt. Rainier</i> <small>Town</small>                       |                  | <i>Prin</i> <small>County</small>       |               | <i>George</i>           |                      | MARYLAND                   |
|  | Date of death  | <i>1908</i>      | Month                                   | <i>July</i>   | Day                     | <i>2</i>             | Age                        |
|  |  |                  |   |               | Years                   |                      | Months                     |
|  |  |                  |   |               |                         |                      | Days                       |
|  | Sex  | <i>male</i>      |   | Color or Race | <i>white</i>            |                      | Birth-place                |
|  |  |                  |   |               |                         |                      | <i>Mt. Rainier Md.</i>     |
|  | Occupation   |                  | Where Residing if not at place of death |               |                         |                      |                            |
|  | Married, Single or Widowed   |                  | Name of Wife or Husband                 |               |                         |                      |                            |
| FATHER'S NAME  | Father's Name  |                  | <i>C. F. Evans</i>                      |               | Father's Birthplace     |                      | <i>Albany Vt.</i>          |
|  | Mother's Maiden Name   |                  | <i>Vallie Evans</i>                     |               | Mother's Birthplace     |                      | <i>Virginia</i>            |
|  | Name of person giving information                                    |                  | <i>C. F. Evans</i>                      |               | How related to deceased |                      | <i>Father.</i>             |
|  |  |                  |   |               |                         |                      |                            |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">105</div> |  |                  |   |               |                         |                      |                            |
| PHYSICIAN OR CORONER   | Primary  |                  | <i>Cholera Infantum</i>                 |               | How long                |                      | <i>24 hrs.</i>             |
|  | Immediate  |                  | <i>Same</i>                             |               | How long                |                      |                            |
|  | Are the name, age, sex, color, date and place correctly given above? |                  | <i>yes</i>                              |               | Signature of Physician  |                      | <i>John F. Keenan M.D.</i> |
|  |  |                  |   |               | Address                 |                      | <i>Brentwood Md.</i>       |
|  | Accident or Suicide?   |                  |   |               |                         |                      |                            |



Name  
in  
Full

Eleanora Freeland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

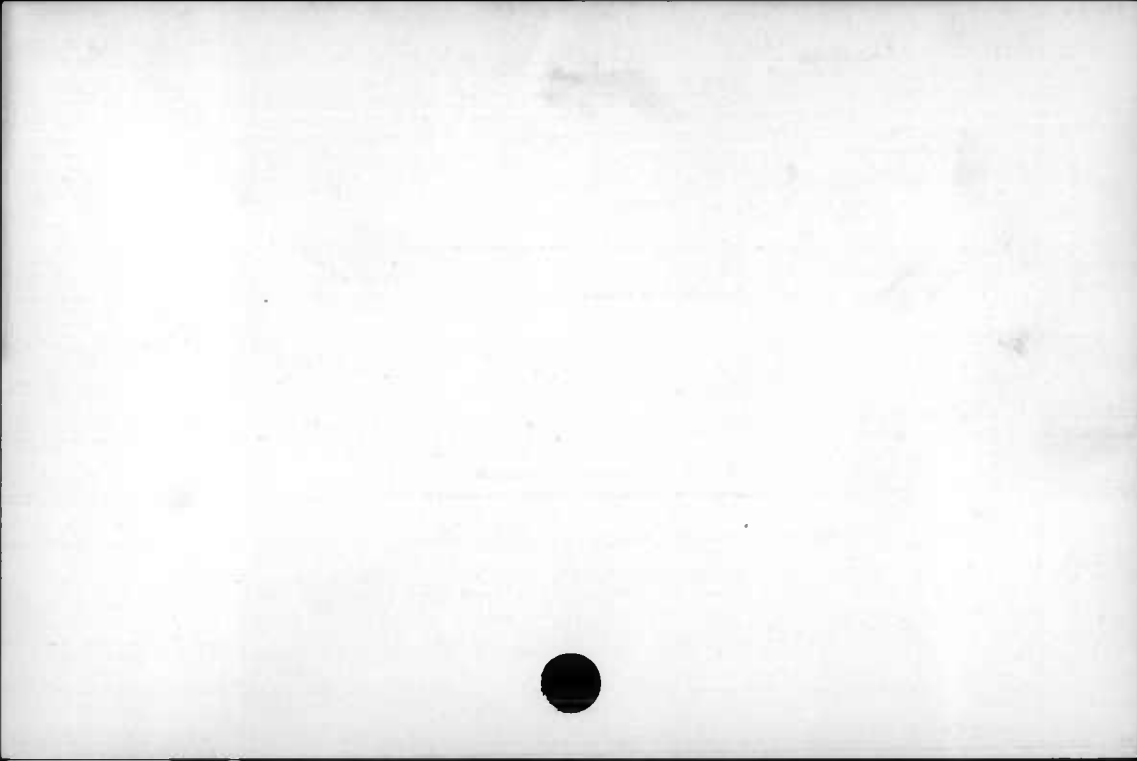
|  |                            |  |  |                |                                |
|--|----------------------------|--|--|----------------|--------------------------------|
| Died at <u>Upper Marlboro</u> <sup>Town</sup>            |                            | <u>CE</u> <sup>County</sup>                |  | MARYLAND       |                                |
| Date of death <u>1908</u>                                | Month <u>7</u>             | Day <u>11</u>                              | Age <u>—</u>                                     | Years <u>—</u> | Months <u>11</u> Days <u>—</u> |
| Sex <u>Female</u>  | Color or Race <u>Black</u> |  | Birth-place <u>P.G.-Co Ind</u>                   |                |                                |
| Occupation <u>—</u>                                      |                            |  | Where Residing if not at place of death <u>—</u> |                |                                |
| Married, Single or Widowed <u>—</u>                      |                            | Name of Wife or Husband <u>—</u>           |  |                |                                |
| Father's Name <u>George Freeland</u>                     |                            | Father's Birthplace <u>Washington D.C.</u> |  |                |                                |
| Mother's Maiden Name <u>Eleanora Jackson</u>             |                            | Mother's Birthplace <u>P.G.-Co Ind</u>     |  |                |                                |
| Name of person giving information <u>George Freeland</u> |                            | How related to deceased <u>Father</u>      |  |                |                                |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Cholera Infantum</u>   | How long <u>10 dys</u>                        |
| Immediate   | How long                                      |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>Reverdy Vasquez</u> |
|   | Address <u>Upper Marlboro</u>                 |
| Accident or Suicide?  | <u>2nd</u>                                    |





Name  
in  
Full

Gustavus Gornard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

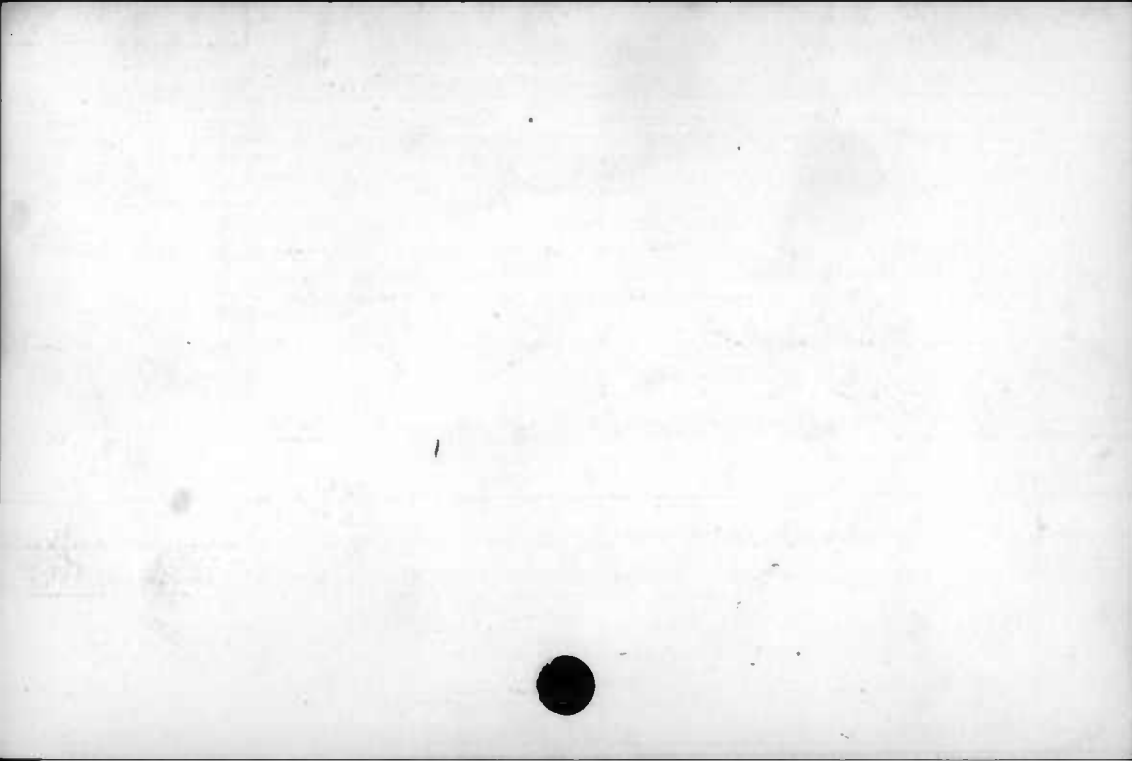
|                                   |   |        |             |               |        |          |  |
|-----------------------------------|---|--------|-------------|---------------|--------|----------|--|
| Died at                           |   | Town   |             | County        |        | State    |  |
| The Samuel Sanitarium             |   | Samuel |             | Prince George |        | Maryland |  |
| Date of death                     | Month                                   | Day    | Age         | Years         | Months | Days     |  |
| 1908                              | 7                                       | 31     | 61          |               |        |          |  |
| Sex                               | Color or Race                           |        | Birth-place |               |        |          |  |
| Male                              | White                                   |        | Wash. D.C.  |               |        |          |  |
| Occupation                        | Where Residing if not at place of death |        |             |               |        |          |  |
| Diplomatic Service                | Washington D.C.                         |        |             |               |        |          |  |
| Married, Single or Widowed        | Name of Wife or Husband                 |        |             |               |        |          |  |
| Single                            |   |        |             |               |        |          |  |
| Father's Name                     | Father's Birthplace                     |        |             |               |        |          |  |
| Unknown                           | Unknown                                 |        |             |               |        |          |  |
| Mother's Maiden Name              | Mother's Birthplace                     |        |             |               |        |          |  |
| Unknown                           | Unknown                                 |        |             |               |        |          |  |
| Name of person giving information | How related to deceased                 |        |             |               |        |          |  |
|                                   |   |        |             |               |        |          |  |

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

|  |                           |                        |           |
|--|---------------------------|------------------------|-----------|
| Primary  | Paralysis                 | How long               | 20 months |
| Immediate  | Valvular Disease of Heart | How long               | Unknown   |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician |           |
| Yes -  |                           | Jesse C. Coggins       |           |
| Address  |                           | Samuel                 |           |
| Accident or Suicide?   |                           | Md.                    |           |
| No   |                           |                        |           |



Name  
in  
Full

Thomas J Greenhalgh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |                      |  |                 |                |
|--|----------------------------|----------------------|--|-----------------|----------------|
| Died at <i>10 Gattsville</i>                               |                            | <i>Prince George</i> |  | MARYLAND        |                |
| Date of death  | Month <i>July</i>          | Day <i>4</i>         | Age <i>1</i>   | Months <i>1</i> | Days <i>10</i> |
| Sex <i>Male</i>  | Color or Race <i>white</i> |                      | Birth-place <i>md</i>                                |                 |                |
| Occupation <i>_____</i>                                    |                            |                      | Where Residing if not at place of death <i>_____</i> |                 |                |
| Married, Single or Widowed <i>_____</i>                    |                            |                      | Name of Wife or Husband <i>_____</i>                 |                 |                |
| Father's Name <i>Thomas O. Greenhalgh</i>                  |                            |                      | Father's Birthplace <i>England</i>                   |                 |                |
| Mother's Maiden Name <i>Stella Slater</i>                  |                            |                      | Mother's Birthplace <i>England</i>                   |                 |                |
| Name of person giving information <i>Thomas Greenhalgh</i> |                            |                      | How related to deceased <i>Father</i>                |                 |                |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Marasmus</i>   | How long <i>10 days</i>                        |
| Immediate <i>Cardiac as thesia</i>  | How long <i>10 days</i>                        |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Thos H. Lattimer</i> |
|   | Address <i>Styattsville</i>                    |
| Accident or Suicide? <i>no</i>  |  |

---

2 Hacks

3 O'clock

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214.1

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

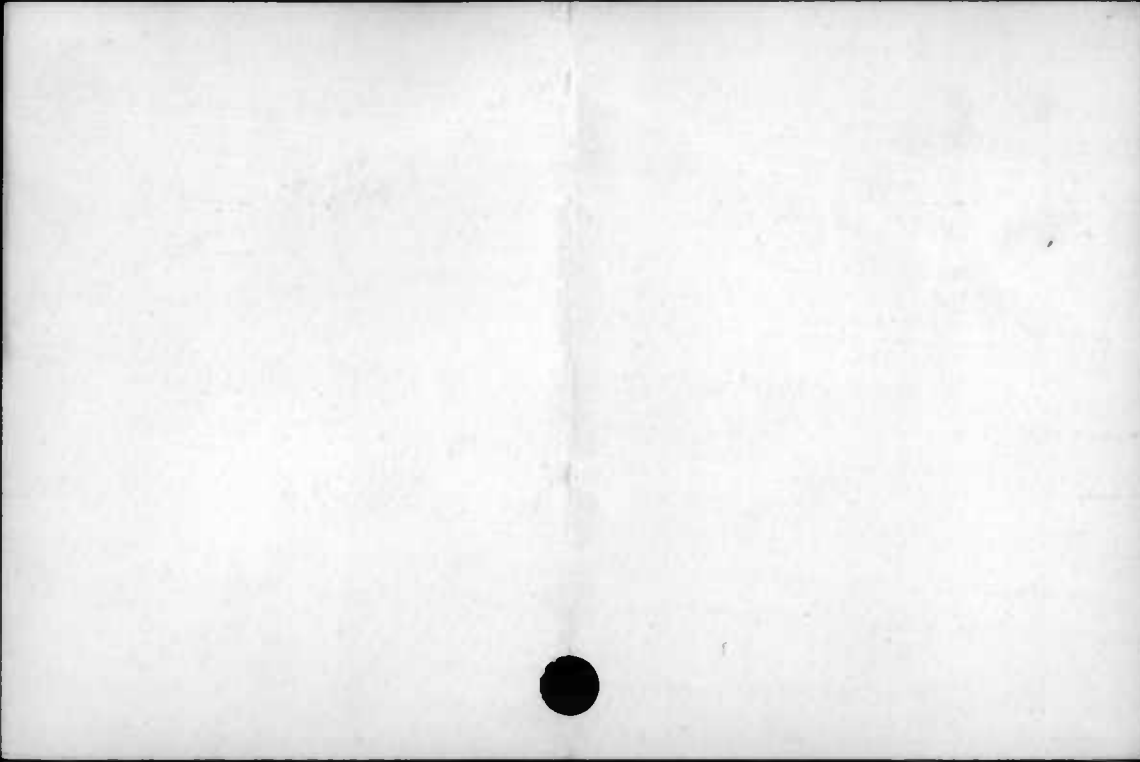
MARYLAND

|  |                                  |  |                               |                                |                              |
|--|----------------------------------|--|-------------------------------|--------------------------------|------------------------------|
| Died at <i>Cedarville</i> <small>Town</small>          |                                  | <i>Greene</i> <small>County</small>              |                               |                                |                              |
| Date of death <i>1908</i>                              | <i>July</i> <small>Month</small> | <i>2</i> <small>Day</small>                      | <i>—</i> <small>Years</small> | <i>—</i> <small>Months</small> | <i>—</i> <small>Days</small> |
| Sex <i>Male</i>  | Color or Race <i>White</i>       | Birth-place <i>Cedarville Md</i>                 |                               |                                |                              |
| Occupation <i>—</i>                                    |                                  | Where Residing if not at place of death <i>—</i> |                               |                                |                              |
| Married, Single or Widowed <i>—</i>                    |                                  | Name of Wife or Husband <i>—</i>                 |                               |                                |                              |
| Father's Name <i>James A Greer</i>                     |                                  | Father's Birthplace <i>Md</i>                    |                               |                                |                              |
| Mother's Maiden Name <i>Vivitta Wetzel</i>             |                                  | Mother's Birthplace <i>Mo.</i>                   |                               |                                |                              |
| Name of person giving information <i>James A Greer</i> |                                  | How related to deceased <i>Father</i>            |                               |                                |                              |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Still born child</i>   | How long <i>—</i>                             |
| Immediate <i>Unknown</i>  | How long <i>—</i>                             |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H. Merton Brown</i> |
|   | Address <i>Aguasca Md</i>                     |
| Accident or Suicide? <i>No</i>  |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

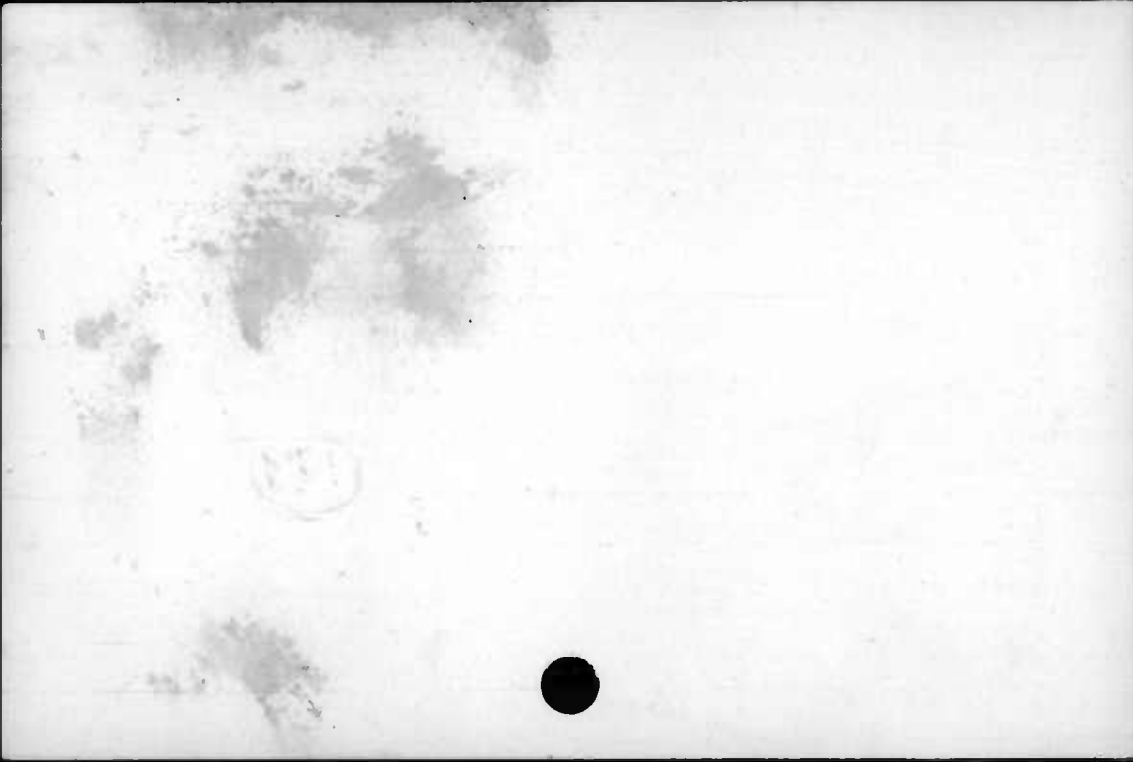
|                                   |                       |                        |  |             |     |
|-----------------------------------|-----------------------|------------------------|--|-------------|-----|
| Died at <i>Open Hill</i> Town     |                       | <i>Prichard</i> County |  | MARYLAND    |     |
| Date of death                     | 1908                  | Month                  | July   | Day         | 3   |
| Age                               | 49                    | Years                  |  | Months      |     |
| Sex                               | male                  | Color or Race          | White  | Birth-place | Mid |
| Occupation                        | None                  |                        | Where Residing if not at place of death              |             |     |
| Married, Single or Widowed        | widowed               |                        | Name of Wife or Husband <i>Margaret Grimes Deane</i> |             |     |
| Father's Name                     | unknown               |                        | Father's Birthplace unknown                          |             |     |
| Mother's Maiden Name              | unknown               |                        | Mother's Birthplace unknown                          |             |     |
| Name of person giving information | <i>Charles Grimes</i> |                        | How related to deceased <i>Son</i>                   |             |     |

## CAUSES OF DEATH

179

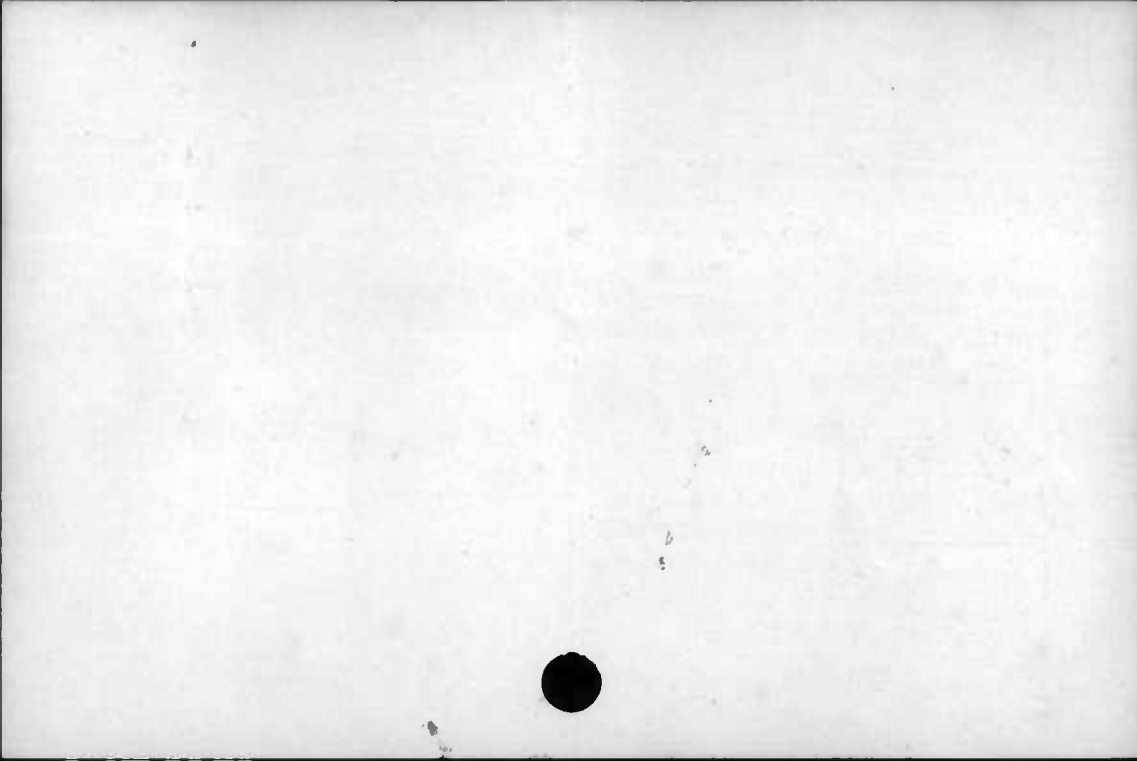
PHYSICIAN  
OR CORONER

|  |                           |                        |          |               |
|--|---------------------------|------------------------|----------|---------------|
| Primary  | <i>General Debility -</i> |                        | How long | <i>1 yr</i>   |
| Immediate  | <i>asthenia</i>           |                        | How long | <i>3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician |          |               |
| <i>yes</i>   |                           | <i>Wm E. Samsbury</i>  |          |               |
| Address  |                           | <i>Forstville</i>      |          |               |
| Accident or Suicide?   |                           | <i>no</i>              |          |               |





|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| Name in Full  |  | Maryella Gross   |  |  |  | CERTIFICATE OF DEATH                    |  |
| TO BE ANSWERED BY NEAREST FRIEND                      |  | Died at <u>Baltimore</u> <small>Town</small>   |  | <u>Prince Geo</u> <small>County</small>                      |  | MARYLAND                                |  |
|   |  | Date of death <u>1908</u> <small>Month</small> <u>July</u> <small>Day</small> <u>24</u> <small>Years</small> <u>1</u> <small>Months</small> <u>6</u> <small>Days</small> |  | Age <u>1</u>   |  |   |  |
|   |  | Sex <u>C Female</u>  |  | Color or Race <u>Black</u>                                   |  | Birth-place <u>Ma</u>                   |  |
|   |  | Occupation <u>-</u>  |  | Where Residing if not at place of death <u>at same place</u> |  |   |  |
|   |  | Married <u>Single</u> or Widowed   |  | Name of Wife or Husband                                      |  |   |  |
|   |  | Father's Name <u>John Gross</u>  |  | Father's Birthplace <u>Va</u>                                |  |   |  |
|   |  | Mother's Maiden Name <u>Amy Blackman</u>   |  | Mother's Birthplace <u>ma</u>                                |  |   |  |
| Name of person giving information <u>Amy Blackman</u> |  |  |  | How related to deceased <u>mother</u>                        |  |   |  |
|   |  | CAUSES OF DEATH  |  |  |  | 105                                     |  |
| PHYSICIAN OR CORONER                                  |  | Primary <u>Cholera Infantum</u>  |  |  |  | How long <u>3 weeks</u>                 |  |
|   |  | Immediate <u>Inevitable saw it</u>   |  |  |  | How long                                |  |
|   |  | Are the name, age, sex, color, date and place correctly given above?   |  |  |  | Signature of Physician <u>C. A. Fox</u> |  |
|   |  | <u>I suppose so</u>  |  |  |  | Address <u>Baltimore Md</u>             |  |
|   |  | Accident or Suicide?   |  |  |  |   |  |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Richard Hardisty Jr -

Died at *Callington* <sup>Town</sup> *Prince Georges* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Month</sup> *July* <sup>Day</sup> *21* <sup>Years</sup> *78* <sup>Months</sup> *00* <sup>Days</sup> *00*

Sex *Male* Color or Race *White* Birth-place *Callington Md.*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret E. Hardisty*

Father's Name *Richard Hardisty* Father's Birthplace *Md.*

Mother's Maiden Name *Mary W. Jeff* Mother's Birthplace *Md.*

Name of person giving information *Richard Hardisty Jr* How related to deceased *Son*

CAUSES OF DEATH

How long?

How long

PHYSICIAN  
OR CORONER

Primary *Acute Carditis* *106*

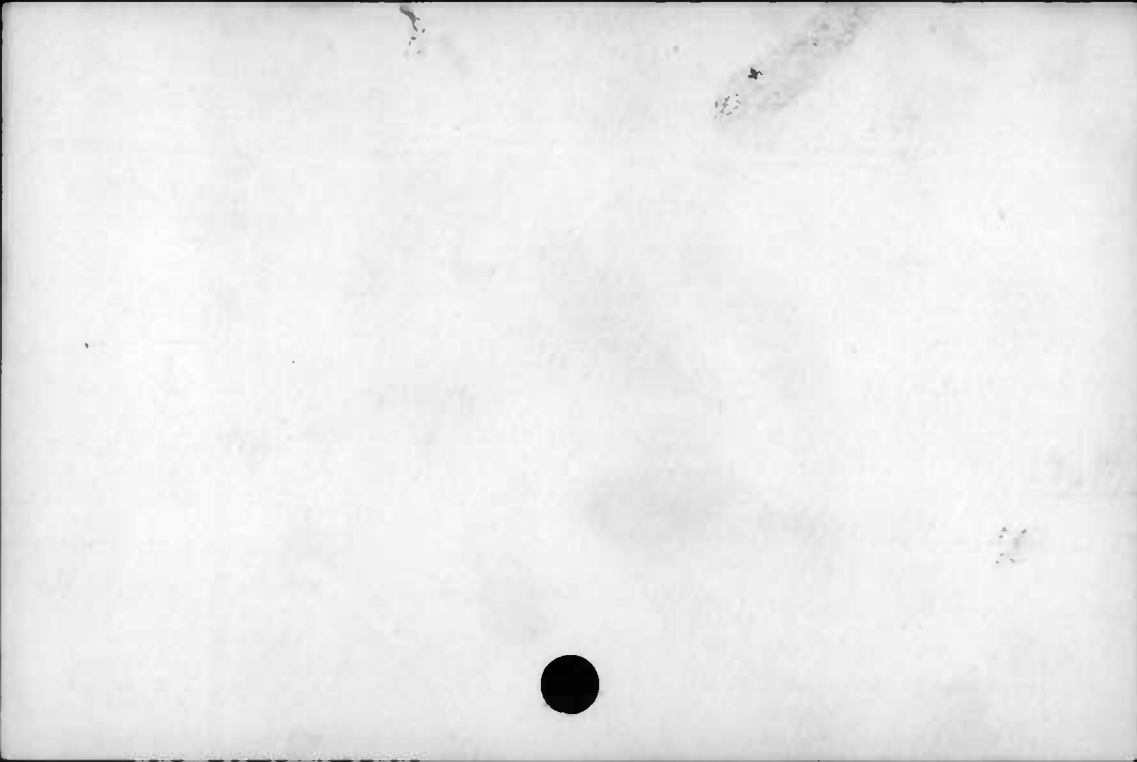
Immediate *Cardiac Asthenia*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. Donald Mc?*

Address *Springfield Md.*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Oxen Hill* Town *UPR Geo* County  
Date of death *1908* Month *7* Day *5* Age *—* Years *—* Months *1* Days *15*  
Sex *Male* Color or Race *Colored* Birthplace *md*  
Occupation *—* Where Residing if not at place of death *—*

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

How long

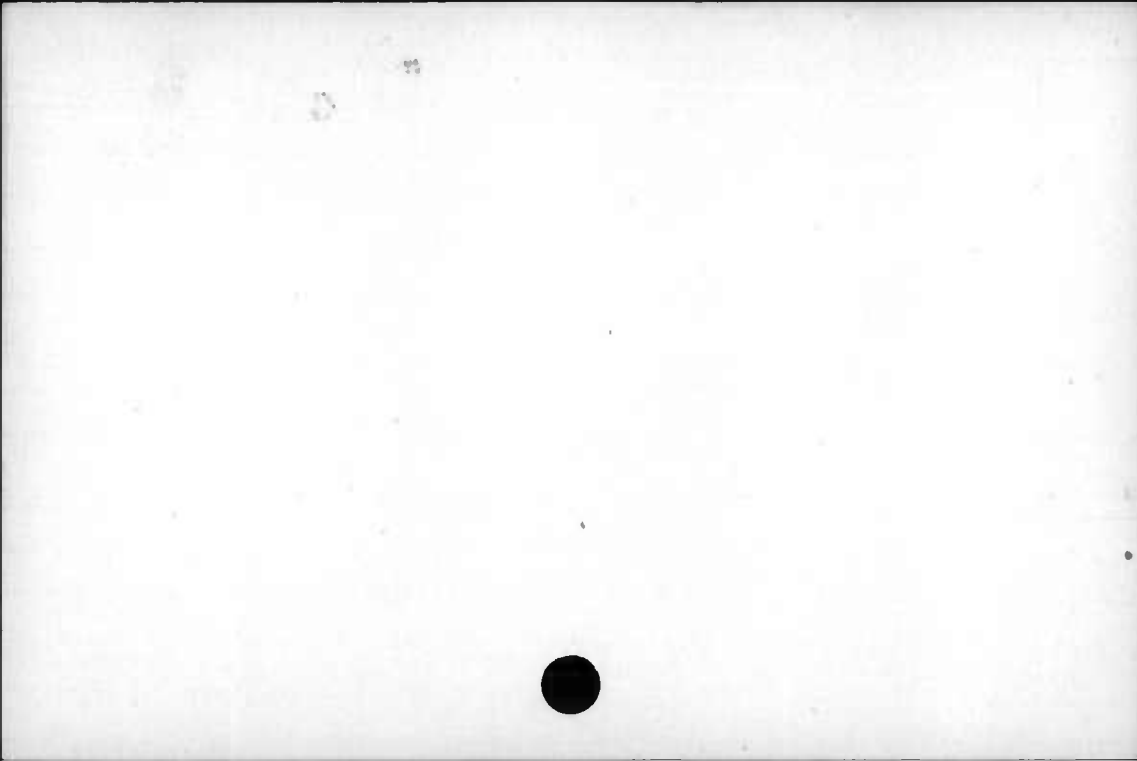
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Maria Harrison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

|  |  |                                  |   |        |      |
|--|--|----------------------------------|---|--------|------|
| Died at <sup>Town</sup> near Mitchellville     |  | <sup>County</sup> Prince Georges |   |        |      |
| Date of death 1908                             | Month July                             | Day 3 <sup>rd</sup>              | Years 44                                | Months | Days |
| Sex Female                                     | Color or Race colored                  |                                  | Birth-place Prince Geo. Co Md.          |        |      |
| Occupation Housewife                           |  |                                  | Where Residing if not at place of death |        |      |
| Married, Single or Widowed Married             | Name of Wife or Husband Basil Harrison |                                  |   |        |      |
| Father's Name Nathaniel Boone                  | Father's Birthplace Md.                |                                  |   |        |      |
| Mother's Maiden Name Susan B. Williams         | Mother's Birthplace Md.                |                                  |   |        |      |
| Name of person giving information Andrew Boone | How related to deceased Brother        |                                  |   |        |      |

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

|  |                                    |  |
|--|------------------------------------|--|
| Primary  | Burn from Coal oil, Exploded lamp. | How long Four days                     |
| Immediate  | Congestion of Brain Exhaustion     | How long Five hours                    |
| Are the name, age, sex, color, date and place correctly given above? | Yes                                | Signature of Physician J. F. R. Dufour |
|  |                                    | Address Mitchellville                  |
| Accident or Suicide?   | accident                           | Md.                                    |





Name  
in  
Full

Theodore Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

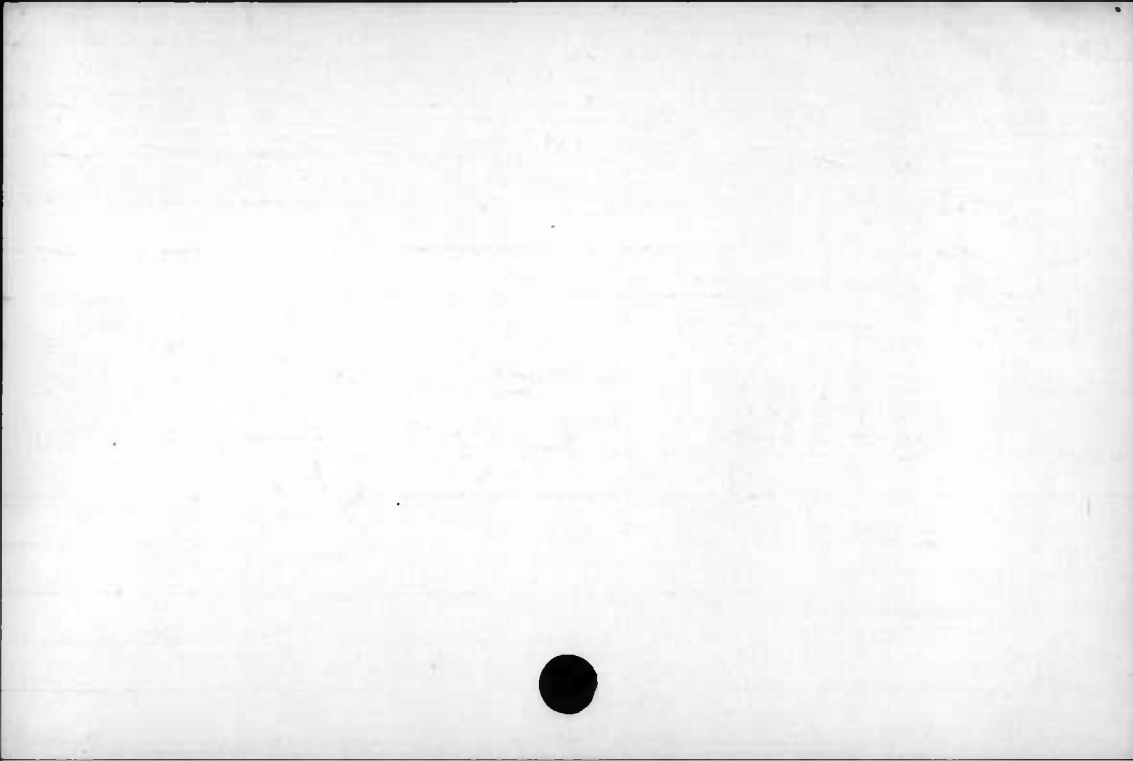
|   |                              |   |  |                            |                           |
|---|------------------------------|---|--|----------------------------|---------------------------|
| Died at <u>Bowie</u> <sup>Town</sup>                    |                              | <u>Prince Georges</u> <sup>County</sup> |  | MARYLAND                   |                           |
| Date of death <u>1908</u>                               | <u>7</u> <sup>Month</sup>    | <u>10</u> <sup>Day</sup>                | Age <u>—</u> <sup>Years</sup>                    | <u>—</u> <sup>Months</sup> | <u>15</u> <sup>Days</sup> |
| Sex <u>Male</u>   | Color or Race <u>Colored</u> |   | Birth-place <u>Maryland</u>                      |                            |                           |
| Occupation <u>—</u>                                     |                              |   | Where Residing if not at place of death <u>—</u> |                            |                           |
| Married, Single <u>—</u> or Widowed                     |                              | Name of Wife or Husband <u>—</u>        |  |                            |                           |
| Father's Name <u>Wm H. Harrison</u>                     |                              |   | Father's Birthplace <u>Maryland</u>              |                            |                           |
| Mother's Maiden Name <u>Mary Fairfax</u>                |                              |   | Mother's Birthplace <u>Virginia</u>              |                            |                           |
| Name of person giving information <u>Henry Harrison</u> |                              |   | How related to deceased <u>Brother</u>           |                            |                           |

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Malnutrition</u>   | How long <u>2 weeks</u>                            |
| Immediate   | How long   |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>William B. Ryan M.D.</u> |
|   | Address <u>Bowie</u>                               |
| Accident or Suicide? <u>no</u>  | <u>md</u>  |



|                                     |  |   |  |   |  |                       |  |
|-------------------------------------|--|---|--|---|--|-----------------------|--|
| Name in Full                        |  | Robert - Hawkins  |  |   |  | CERTIFICATE OF DEATH  |  |
| TO BE ANSWERED BY<br>NEAREST FRIEND |  | Died at <u>213</u> Town   |  | <u>Pr. Geo</u> County                       |  | MARYLAND              |  |
|                                     |  | Date of death <u>1908</u> <u>7</u> Month  |  | <u>7</u> Day                                |  | <u>55</u> Years       |  |
|                                     |  | Sex <u>Male</u>   |  | Color or Race <u>Colored</u>                |  | Birth-place <u>Md</u> |  |
|                                     |  | Occupation <u>Farmer</u>  |  | Where Residing if not at place of death     |  |                       |  |
|                                     |  | Married, Single or Widowed <u>Married</u>                                       |  | Name of Wife or Husband <u>Mary Hawkins</u> |  |                       |  |
|                                     |  | Father's Name <u>Robert - Hawkins</u>   |  | Father's Birthplace <u>Md</u>               |  |                       |  |
|                                     |  | Mother's Maiden Name <u>Chloe Ann Hanson</u>                                    |  | Mother's Birthplace <u>Md</u>               |  |                       |  |
|                                     |  | Name of person giving information <u>Mary Hawkins</u>                           |  | How related to deceased <u>wife</u>         |  |                       |  |
|                                     |  | CAUSES OF DEATH <u>64</u>   |  |   |  |                       |  |
| PHYSICIAN OR CORONER                |  | Primary   |  | How long                                    |  |                       |  |
|                                     |  | Immediate <u>Cerebral Hemorrhage</u>  |  | How long <u>Shown</u>                       |  |                       |  |
|                                     |  | Are the name, age, sex, color, date and place correctly given above? <u>yes</u> |  | Signature of Physician <u>John A. Cor</u>   |  |                       |  |
|                                     |  |   |  | Address <u>213. Md</u>                      |  |                       |  |
|                                     |  | Accident or Suicide?  |  |   |  |                       |  |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John H. Harkins*

Died at *Callington* Town *P. G.* County

MARYLAND

Date of death *1908* Month *July* Day *22* Age *2* Years Months Days

Sex *Female* Color or Race *Blk & G* Birth-place *Callington Md.*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Samuel Harkins*

Father's Birthplace *P. G. Md.*

Mother's Maiden Name *Cecilia Harkins*

Mother's Birthplace *P. G. Md.*

Name of person giving information *Samuel Harkins*

How related to deceased *Mother*

CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary *Cancerous of the Lungs*

How long *36 hours*

Immediate *Asphyxia*

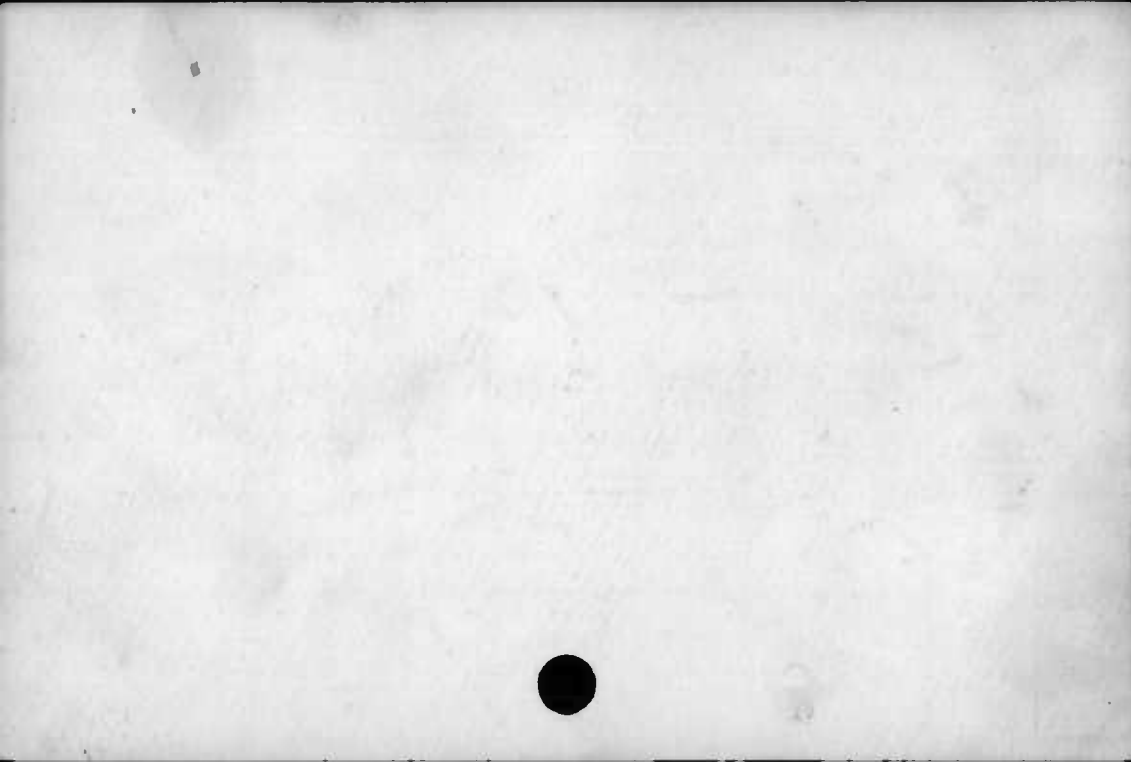
How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. W. L. Marshall M.D.*

Address *Springfield Md.*

Accident or Suicide? *No*



Name  
in  
Full

Ursula B. Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

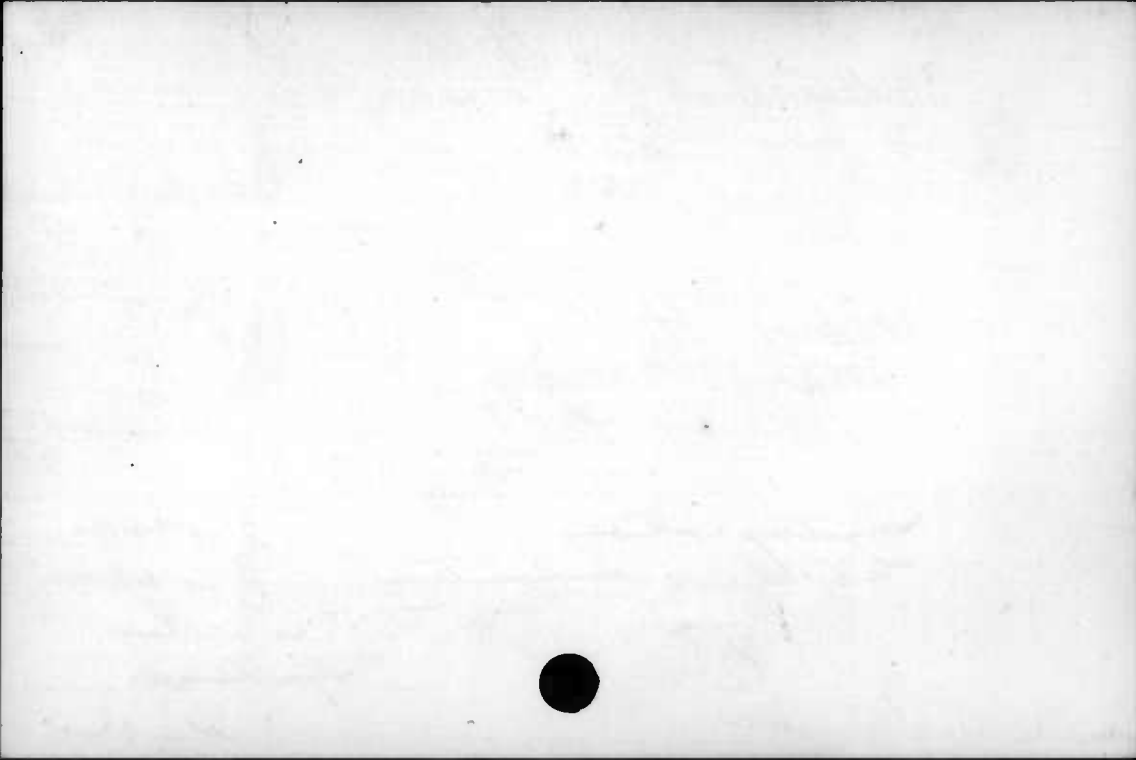
Died at Sever Prince George MARYLAND  
 Date of death 1908 July 6 Age 41 Months 10 Days 1  
 Sex Female Color or Race white Birth-place MD  
 Occupation House work Where Residing if not at place of death at place of death  
 Married, Single or Widowed widow Name of Wife or Husband Henderson  
 Father's Name John B. Torrey Father's Birthplace MD  
 Mother's Maiden Name Elizabeth Henderson Mother's Birthplace MD  
 Name of person giving information E. S. Bell How related to deceased Son-in-law

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Myocardial degeneration How long 6 mo  
 Immediate Arteriosclerosis How long 2 yrs  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician Thos. Pryor  
 Address Sever, Md  
 Accident or Suicide?





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

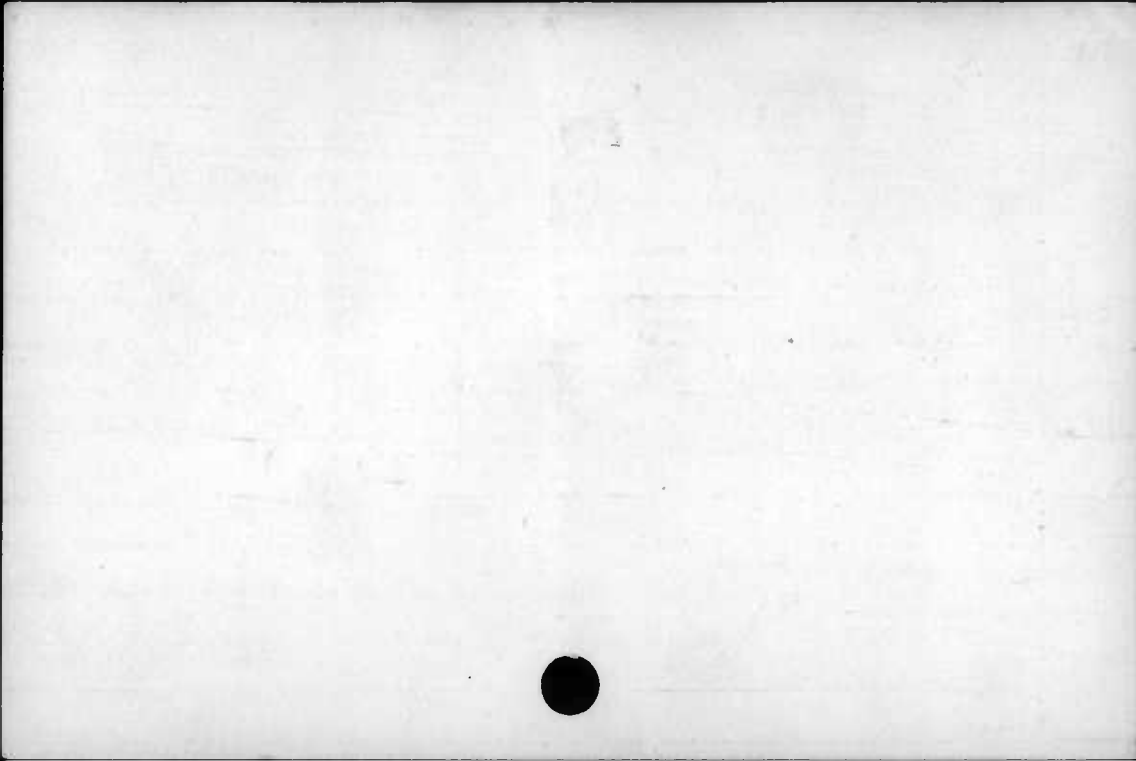
|  |  |                                     |  |  |  |                          |  |
|--|--|-------------------------------------|--|--|--|--------------------------|--|
| Name in Full<br><b>George F Hill</b>                   |  | Town<br><b>Bladensburg</b>          |  | County<br><b>Prince Geo</b>                  |  | State<br><b>MARYLAND</b> |  |
| Died at<br><b>Bladensburg</b>                          |  | Date of death<br><b>1908 July 6</b> |  | Age<br><b>4</b>                              |  | Months<br><b>1</b>       |  |
| Sex<br><b>male</b>                                     |  | Color or Race<br><b>white</b>       |  | Birth-place<br><b>Bladensburg</b>            |  | Days<br><b>4</b>         |  |
| Occupation<br>—  |  |                                     |  | Where Residing if not at place of death<br>— |  |                          |  |
| Married, Single or Widowed<br>—                        |  |                                     |  | Name of Wife or Husband<br>—                 |  |                          |  |
| Father's Name<br><b>Henry Hill</b>                     |  |                                     |  | Father's Birthplace<br><b>DC</b>             |  |                          |  |
| Mother's Maiden Name<br><b>Mary Norgle</b>             |  |                                     |  | Mother's Birthplace<br><b>" "</b>            |  |                          |  |
| Name of person giving information<br><b>Henry Hill</b> |  |                                     |  | How related to deceased<br><b>Father</b>     |  |                          |  |

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

|  |  |   |  |
|--|--|---|--|
| Primary<br><b>Indigestion</b>  |  | How long<br><b>3 weeks</b>                    |  |
| Immediate<br><b>Cholera infantum</b>   |  | How long<br><b>3 weeks</b>                    |  |
| Are the name, age, sex, color, date and place correctly given above?<br><b>yes</b> |  | Signature of Physician<br><b>H. J. Willis</b> |  |
| Address<br><b>Hyattsville</b>  |  | Signature of Coroner<br><b>J. C. D.</b>       |  |
| Accident or Suicide?<br><b>No</b>  |  |   |  |



Name  
in  
Full

Ella Stodge

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |               |     |   |       |          |      |
|-----------------------------------|--|---------------|-----|---|-------|----------|------|
| Died at                           |  | Town          |     | County                                  |       | MARYLAND |      |
| Date of death                     |  | Month         | Day | Age                                     | Years | Months   | Days |
| 1908                              |  | July          | 31  |   |       | 9        |      |
| Sex                               |  | Color or Race |     | Birth-place                             |       |          |      |
| Female                            |  | Black         |     | Mellwood                                |       |          |      |
| Occupation                        |  |               |     | Where Residing if not at place of death |       |          |      |
| none                              |  |               |     | Mellwood                                |       |          |      |
| Married, Single or Widowed        |  |               |     | Name of Wife or Husband                 |       |          |      |
|                                   |  |               |     |   |       |          |      |
| Father's Name                     |  |               |     | Father's Birthplace                     |       |          |      |
| Not Known                         |  |               |     | —                                       |       |          |      |
| Mother's Maiden Name              |  |               |     | Mother's Birthplace                     |       |          |      |
| Anna Stodge                       |  |               |     | Md                                      |       |          |      |
| Name of person giving information |  |               |     | How related to deceased                 |       |          |      |
| Grandfather                       |  |               |     | Grandfather                             |       |          |      |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|  |  |                               |  |
|--|--|-------------------------------|--|
| Primary  |  | How long                      |  |
| Immediate  |  | How long                      |  |
| Cholera Infantum   |  |                               |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician        |  |
| yes  |  | S. E. Padgett, Acting Coroner |  |
|  |  | Address                       |  |
|  |  | Upper Marlboro Md             |  |
| Accident or Suicide?   |  |                               |  |



Name  
in  
Full

Mary E. Howe

## CERTIFICATE OF DEATH

Town

Brimwyn

County

Pr. Geo.

MARYLAND

Died at

Date

1908

Month

July

Day

27

Years

2

Age

Months

4

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Wash. D.C.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Unknown

Father's  
BirthplaceMother's  
Maiden Name

Elizabeth Howe

Mother's  
Birthplace

Unknown

Name of person giving  
In formationSister Agnes. Superior ~~of~~ <sup>of</sup> Phamag

## CAUSES OF DEATH

How related  
to deceased

6

Primary

Broncho-Pneumonia following Measles

How long

10 days

Immediate

Mitral Insufficiency

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

A. D. Etienne

Address

Brimwyn Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

8

Name  
in  
Full

Mamie Jenkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Nottingham <sup>County</sup> Pr Geo

**MARYLAND**

Date of death 1908 <sup>Month</sup> July <sup>Day</sup> 6 <sup>Age</sup> Years <sup>Months</sup> 1 <sup>Days</sup>

Sex Female <sup>Color or Race</sup> Colored <sup>Birth-place</sup> Ind

Occupation none <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>

Father's Name Henderson Jenkins <sup>Father's Birthplace</sup> Ind

Mother's Maiden Name Nettie Bias <sup>Mother's Birthplace</sup> Ind

Name of person giving information Henderson Jenkins <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

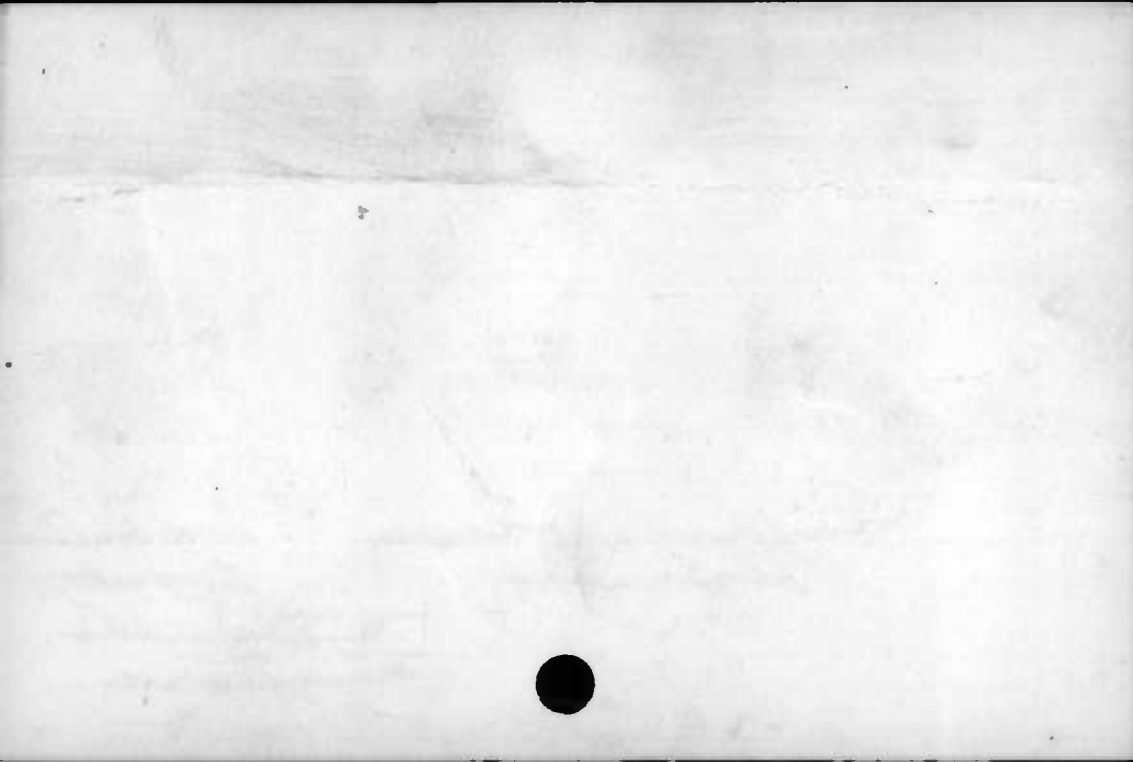
Primary Inanition <sup>How long</sup> 2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> W. H. Gibbons

<sup>Address</sup> Crum Ind.

Accident or Suicide?





Name  
is  
Full

Harold W. Johnson

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Hyattsville <sup>County</sup> Prince George's MARYLAND

Date of death 1908 <sup>Month</sup> July <sup>Day</sup> 4 <sup>Age</sup> — <sup>Years</sup> — <sup>Months</sup> 8 <sup>Days</sup> —

Sex male <sup>Color or Race</sup> colored <sup>Birth-place</sup> M. D.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or ~~Married~~Name of Wife or  
HusbandFather's  
Name

Robert W. Johnson

Father's  
Birthplace

Va.

Mother's  
Maiden Name

Mary Lancaster

Mother's  
Birthplace

M. D.

Name of person giving  
Information

Mary Lancaster

How related  
to deceased

mother

## CAUSES OF DEATH

14

Primary

Improper feeding  
physician

How long

2 months

Immediate

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

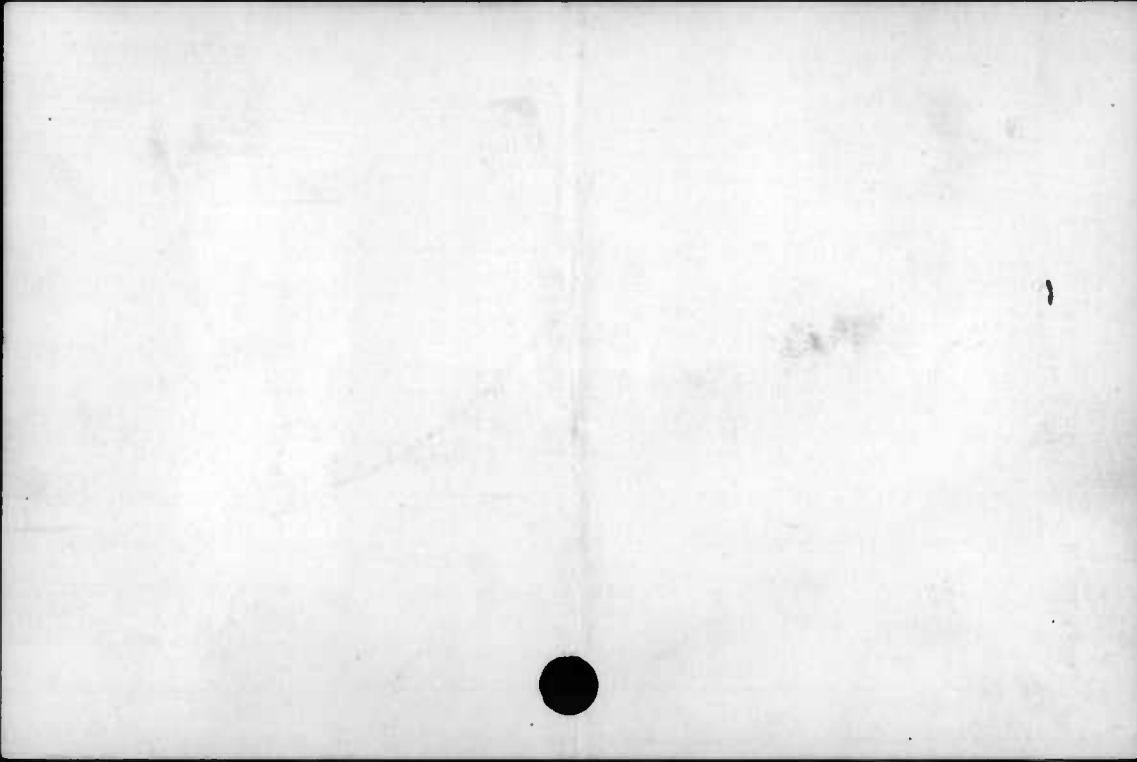
Address

R. W. Willis  
Hyattsville  
M. D.

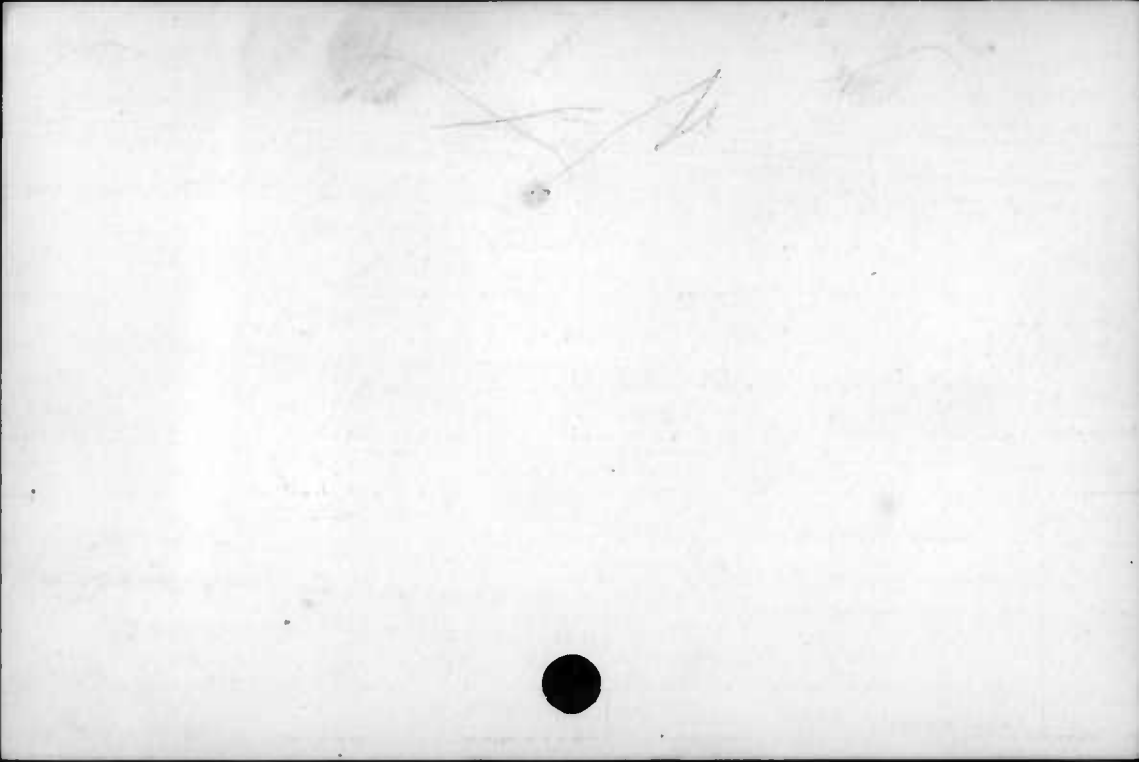
Accident or Suicide?

no

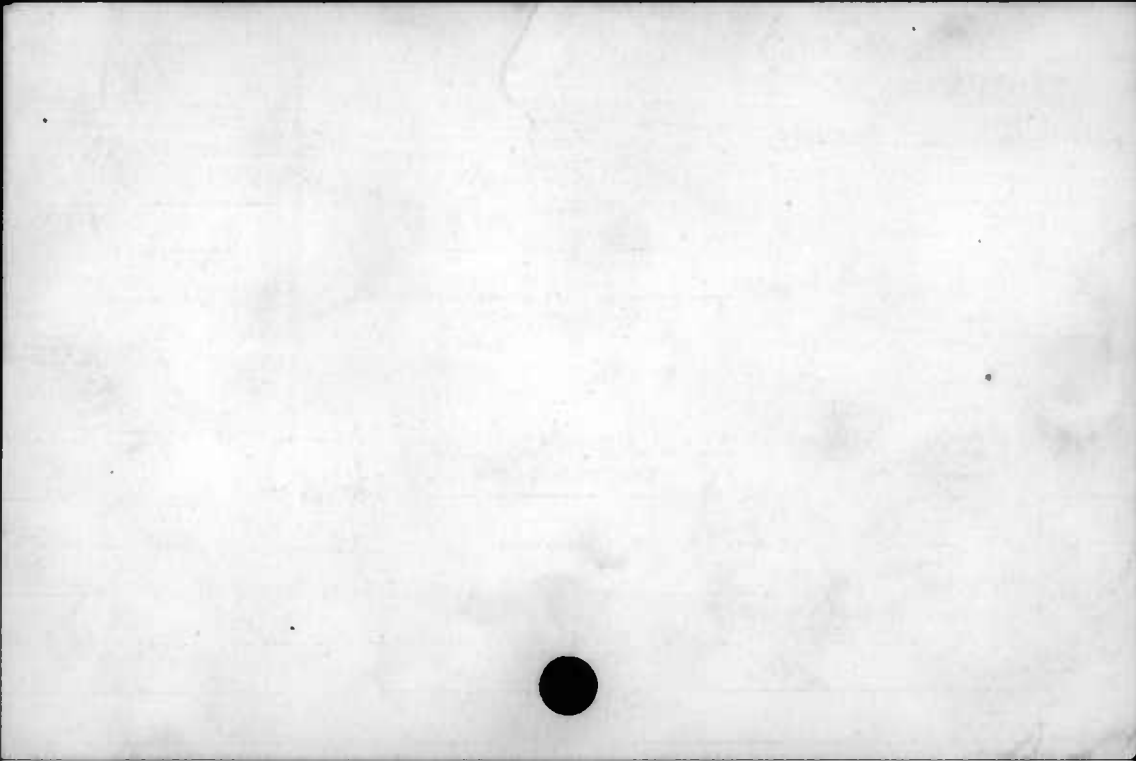
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



|  |  |   |  |                                    |  |                      |  |
|--|--|---|--|------------------------------------|--|----------------------|--|
| Name in Full<br><b>John Edward Tidwell</b>   |  | Town<br><b>near Chillum</b>                         |  | County<br><b>Pr Geo</b>            |  | CERTIFICATE OF DEATH |  |
| Died at  |  | Month<br><b>July</b>                                |  | Day<br><b>16</b>                   |  | MARYLAND             |  |
| Date of death<br><b>1908</b>   |  | Years<br><b>16</b>                                  |  | Months<br><b>6</b>                 |  | Days<br><b>16</b>    |  |
| Sex<br><b>Male</b>   |  | Color or Race<br><b>White</b>                       |  | Birth-place<br><b>Pr Geo Co Md</b> |  |                      |  |
| Occupation<br><b>Nothing</b>   |  | Where Residing if not at place of death<br><b>✓</b> |  |                                    |  |                      |  |
| Married, Single or Widowed<br><b>Single</b>  |  | Name of Wife or Husband<br><b>✓</b>                 |  |                                    |  |                      |  |
| Father's Name<br><b>Arthur Tidwell</b>   |  | Father's Birthplace<br><b>Va</b>                    |  |                                    |  |                      |  |
| Mother's Maiden Name<br><b>Hattie Souder</b>                                       |  | Mother's Birthplace<br><b>Md</b>                    |  |                                    |  |                      |  |
| Name of person giving information<br><b>Mrs. Miller</b>                            |  | How related to deceased<br><b>Aunt</b>              |  |                                    |  |                      |  |
|  |  |   |  | CAUSES OF DEATH                    |  | 179                  |  |
| Primary<br><b>Marasmus</b>   |  | How long<br><b>3 wks</b>                            |  |                                    |  |                      |  |
| Immediate<br><b>Exhaustion</b>   |  | How long<br><b>2 days</b>                           |  |                                    |  |                      |  |
| Are the name, age, sex, color, date and place correctly given above?<br><b>Yes</b> |  | Signature of Physician<br><b>Wm J. Ratner</b>       |  | Address<br><b>Higdonville Md</b>   |  |                      |  |
| Accident or Suicide?<br><b>Neither</b>   |  |   |  |                                    |  |                      |  |



| Name in Full   |                                   | Frederick Lammers |                       |                        |   | CERTIFICATE OF DEATH     |                                     |
|--|-----------------------------------|-------------------|-----------------------|------------------------|---|--------------------------|-------------------------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND                                  | Died at                           |                   | Town <i>New Bowie</i> |                        | County <i>Pr. Geo. Co.</i>              |                          | MARYLAND                            |
|  | Date of death                     |                   | 1908                  | Month <i>July</i>      | Day <i>7</i>                            | Age                      | Years <i>9</i> Months <i>9</i> Days |
|  | Sex                               |                   | <i>Male</i>           |                        | Color or Race                           | <i>White</i>             |                                     |
|  | Occupation                        |                   | <i>Child</i>          |                        | Birth-place                             | <i>Near Bowie</i>        |                                     |
|  |                                   |                   |                       |                        | Where Residing if not at place of death | <i>at place of death</i> |                                     |
|  | Married, Single or Widowed        |                   | <i>Child</i>          |                        | Name of Wife or Husband                 |                          |                                     |
|  | Father's Name                     |                   | <i>Arnold Lammers</i> |                        |   | Father's Birthplace      | <i>Germany</i>                      |
|  | Mother's Maiden Name              |                   | <i>Mary Otton</i>     |                        |   | Mother's Birthplace      |                                     |
| PHYSICIAN<br>OR CORONER  | Name of person giving information |                   | <i>Arnold Lammers</i> |                        |   | How related to deceased  | <i>Father</i>                       |
|  | CAUSES OF DEATH                   |                   |                       |                        |   |                          | <b>169</b>                          |
|  | Primary                           |                   | <i>Excessive Heat</i> |                        |   | How long                 | <i>5 days</i>                       |
|  | Immediate                         |                   | <i>Convulsions</i>    |                        |   | How long                 | <i>Six Hours</i>                    |
| Are the name, age, sex, color, date and place correctly given above? |                                   | <i>Yes</i>        |                       | Signature of Physician |   | <i>John Kronmiller</i>   |                                     |
|  |                                   |                   |                       | Address                |   | <i>Lamont Md</i>         |                                     |
| Accident or Suicide?   |                                   |                   |                       |                        |   |                          |                                     |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Wm. Palmer*

Town

County

Date of death *1908 July*

Month

Day

Age

Years

Months

Days

Sex *Female*Color or  
Race*white*Birth-  
place*Wm. Palmer md.*

Occupation

*Domestic*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widowed*Name of Wife or  
HusbandFather's  
Name*Roman Lavinski*Father's  
Birthplace*Russia*Mother's  
Maiden Name*Julia Nickle*Mother's  
Birthplace*Austria*Name of person giving  
information*Roman Lavinski*How related  
to deceased*Roman Lavinski*

## CAUSES OF DEATH

Primary

*Still Born*

How long

How long

Immediate

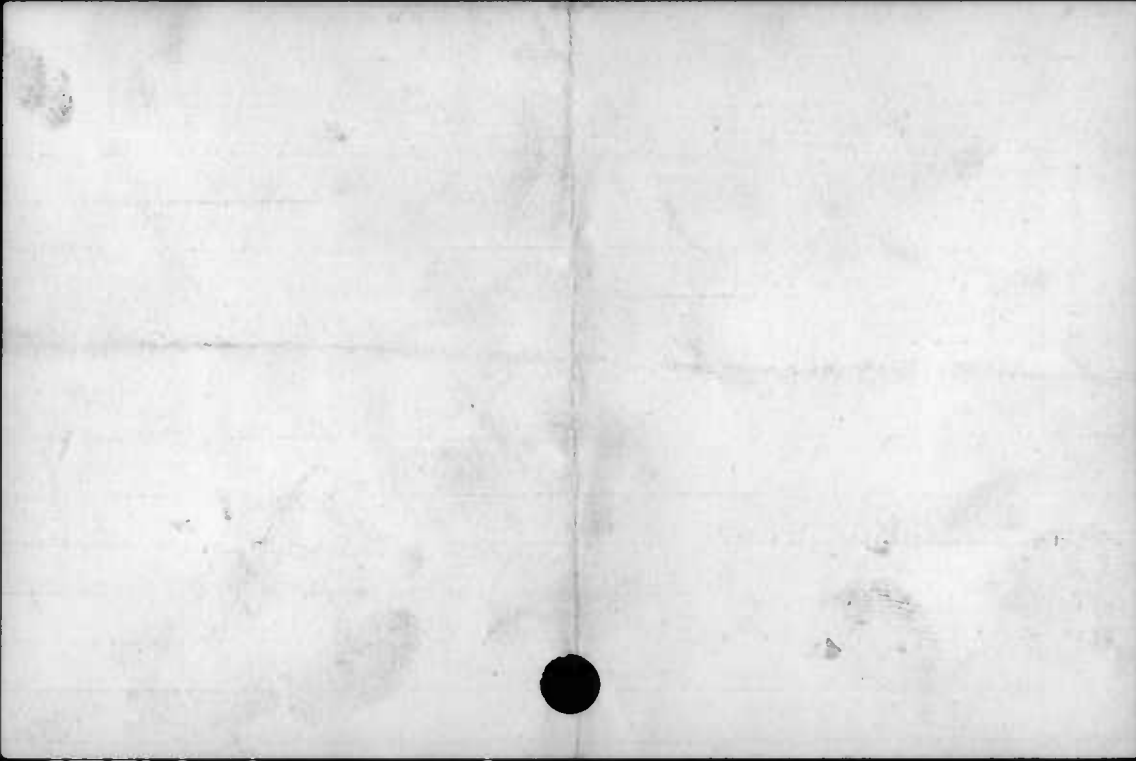
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*Dr. J. Mooney*

Accident or Suicide?

*1211 No. Capitol St. - N.E. D.C.*





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

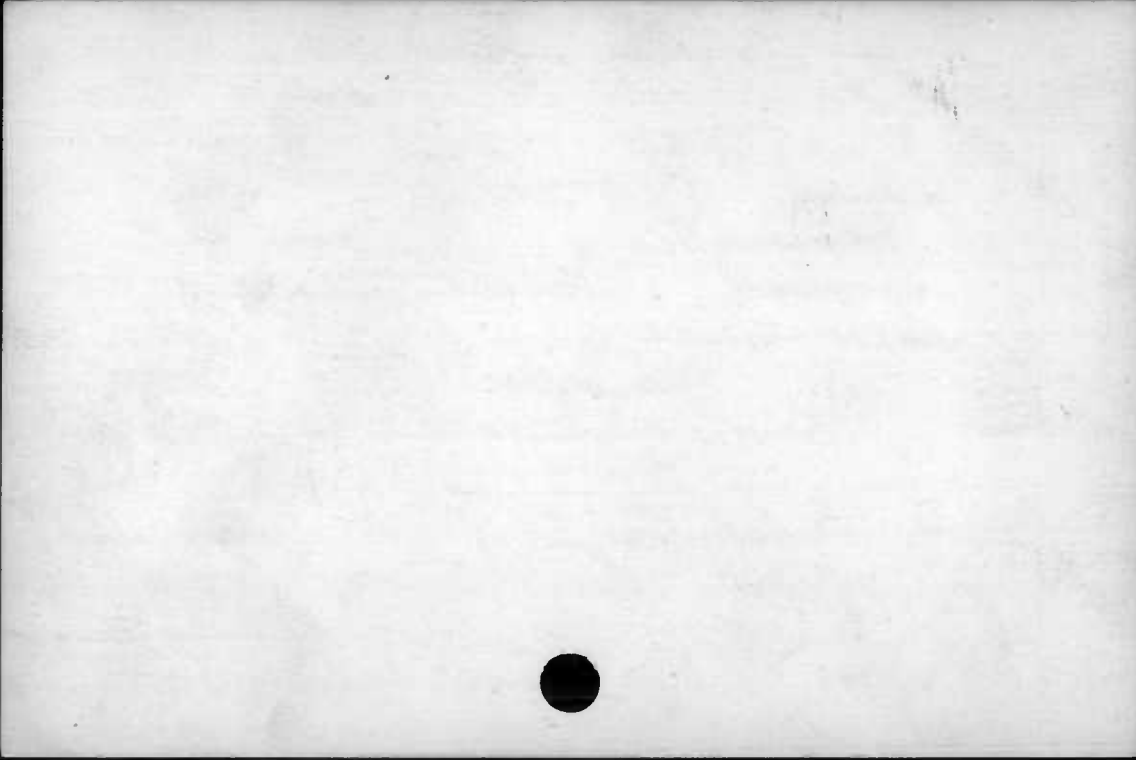
|   |                              |                                       |   |                                 |                               |
|---|------------------------------|---------------------------------------|---|---------------------------------|-------------------------------|
| Died at <u>Laurel</u> <sup>Town</sup>                     |                              | <u>McDonald</u> <sup>County</sup>     |   | MARYLAND                        |                               |
| Date of death <u>1908</u>                                 | <u>July</u> <sup>Month</sup> | <u>5</u> <sup>Day</sup>               | Age <u>      </u> <sup>Years</sup>                    | <u>      </u> <sup>Months</sup> | <u>      </u> <sup>Days</sup> |
| Sex <u>Male</u>   | Color or Race <u>White</u>   | Birthplace <u>Samuel, Mo.</u>         |   |                                 |                               |
| Occupation <u>      </u>                                  |                              |                                       | Where Residing if not at place of death <u>      </u> |                                 |                               |
| Married, Single or Widowed <u>Single</u>                  |                              | Name of Wife or Husband <u>      </u> |   |                                 |                               |
| Father's Name <u>Geo. S. McDonald</u>                     |                              |                                       | Father's Birthplace <u>Ind</u>                        |                                 |                               |
| Mother's Maiden Name <u>Iola Davis</u>                    |                              |                                       | Mother's Birthplace <u>Ind</u>                        |                                 |                               |
| Name of person giving information <u>Geo. S. McDonald</u> |                              |                                       | How related to deceased <u>Father</u>                 |                                 |                               |

CAUSES OF DEATH

(S)

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Stomach</u>  | How long <u>      </u>                    |
| Immediate <u>      </u>   | How long <u>      </u>                    |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>R. H. H. H.</u> |
| <u>      </u>   | Address <u>Samuel, Mo.</u>                |
| Accident or Suicide? <u>      </u>  | <u>      </u>                             |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

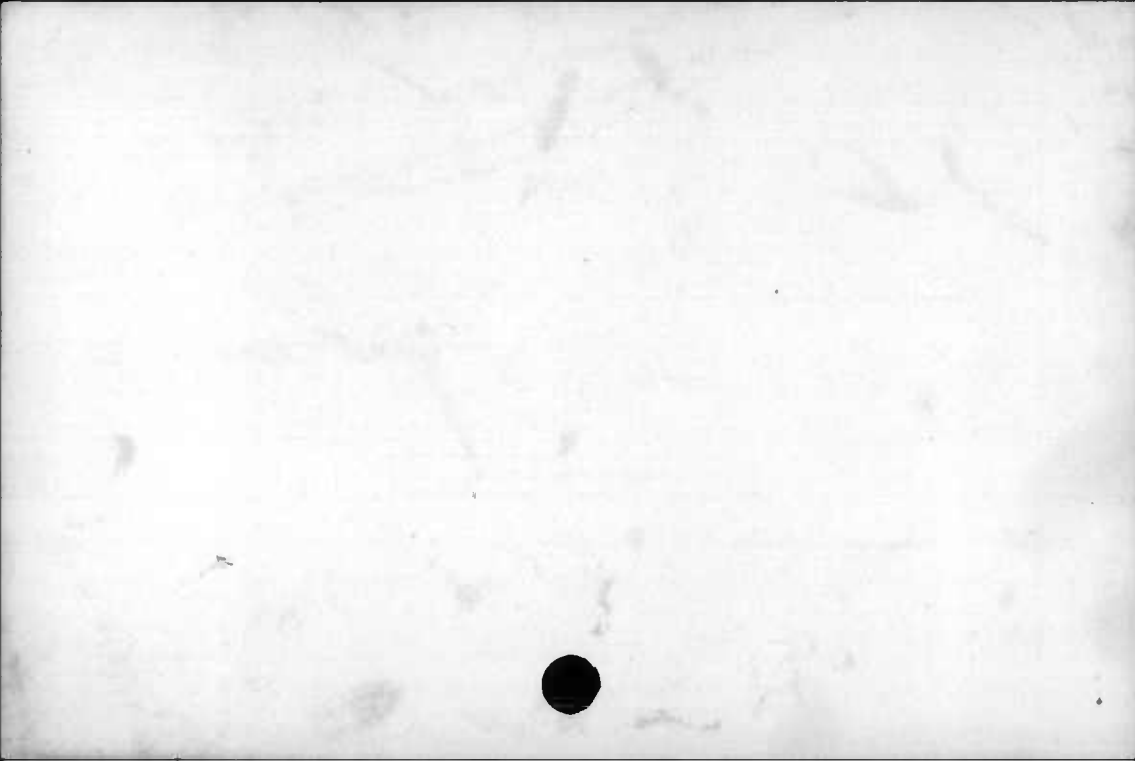
|                                   |                 |               |                         |   |                         |          |            |
|-----------------------------------|-----------------|---------------|-------------------------|---|-------------------------|----------|------------|
| Died at                           |                 | Town          |                         | County                                  |                         | State    |            |
| Mary Laidler Mackall              |                 | Aquasco       |                         | Pr. Lewis                               |                         | MARYLAND |            |
| Date of death                     |                 | Month         | Day                     | Years                                   | Months                  | Days     |            |
| 1908                              |                 | July          | 28                      | 73                                      | 6                       | —        |            |
| Sex                               | Female          | Color or Race | White                   |   | Birth-place             | Md.      |            |
| Occupation                        | Housewife       |               |                         | Where Residing if not at place of death |                         |          | Wash. D.C. |
| Married, Single or Widowed        | Widow           |               | Name of Wife or Husband |   | Louis Mackall           |          |            |
| Father's Name                     | Wm Bruce        |               |                         |   | Father's Birthplace     | Md       |            |
| Mother's Maiden Name              | Laidler         |               |                         |   | Mother's Birthplace     | Md       |            |
| Name of person giving information | Laidler Mackall |               |                         |   | How related to deceased | Son      |            |

CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

|  |                       |             |          |
|--|-----------------------|-------------|----------|
| Primary  | Dysentery             | How long    | One week |
| Immediate  | Organic heart disease | How long    | 10 yrs.  |
| Are the name, age, sex, color, date and place correctly given above? |                       | Yes         |          |
| Signature of Physician   |                       | H. M. Brown |          |
| Address  |                       | Aquasco     |          |
| Accident or Suicide?   |                       | No          |          |
|  |                       | Md.         |          |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

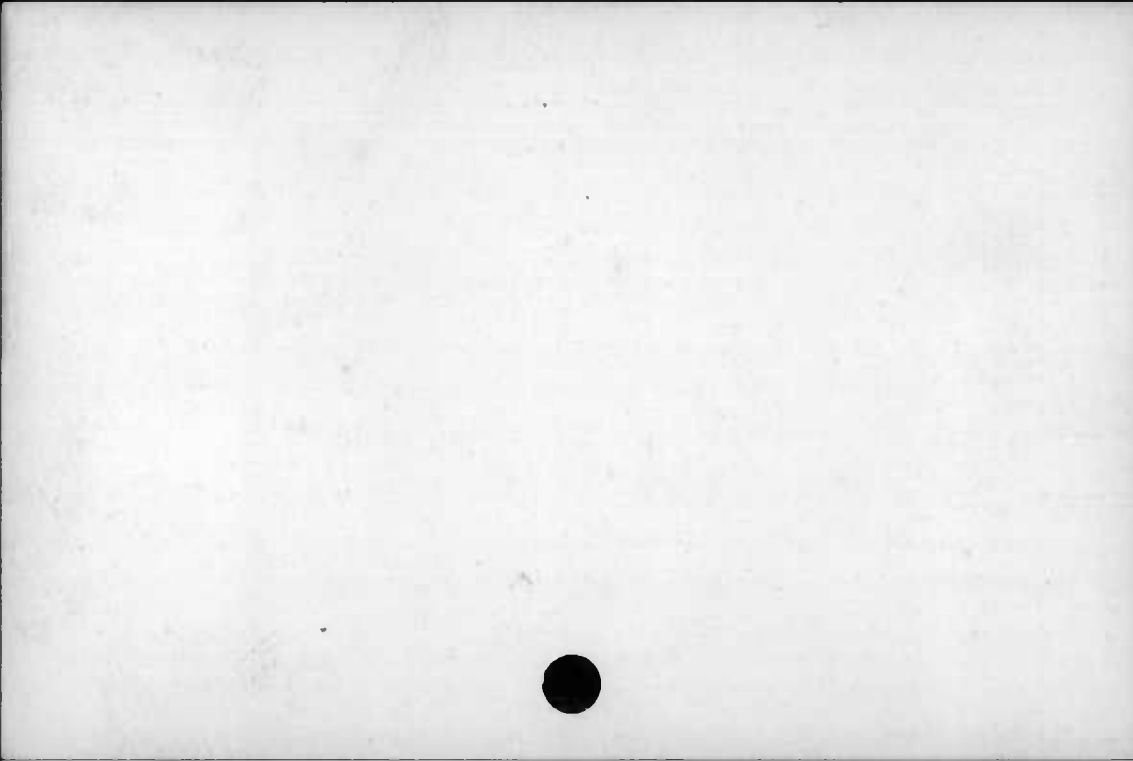
|  |  |                               |  |   |  |                   |  |
|--|--|-------------------------------|--|---|--|-------------------|--|
| Name in Full<br><b>William Thomas Marlow</b>       |  | Town<br><b>Laurel</b>         |  | County<br><b>Prince Georges</b>               |  | MARYLAND          |  |
| Died at  |  | Date of death                 |  | Age   |  | Months            |  |
|  |  | <b>1908</b>                   |  | <b>17</b>                                     |  | <b>2</b>          |  |
| Month<br><b>July</b>                               |  | Day<br><b>6th</b>             |  | Years<br><b>17</b>                            |  | Days<br><b>18</b> |  |
| Sex<br><b>male</b>                                 |  | Color or Race<br><b>white</b> |  | Birth-place<br><b>Bonwood Co.</b>             |  |                   |  |
| Occupation<br><b>Student</b>                       |  |                               |  | Where Residing if not at place of death       |  |                   |  |
| Married, Single or Widowed<br><b>Single</b>        |  | Name of Wife or Husband       |  |   |  |                   |  |
| Father's Name<br><b>George W Marlow</b>            |  |                               |  | Father's Birthplace<br><b>Ind.</b>            |  |                   |  |
| Mother's Maiden Name<br><b>Marion Egan</b>         |  |                               |  | Mother's Birthplace<br><b>Ind.</b>            |  |                   |  |
| Name of person giving information<br><b>Marlow</b> |  |                               |  | How related to deceased<br><b>step mother</b> |  |                   |  |

## CAUSES OF DEATH

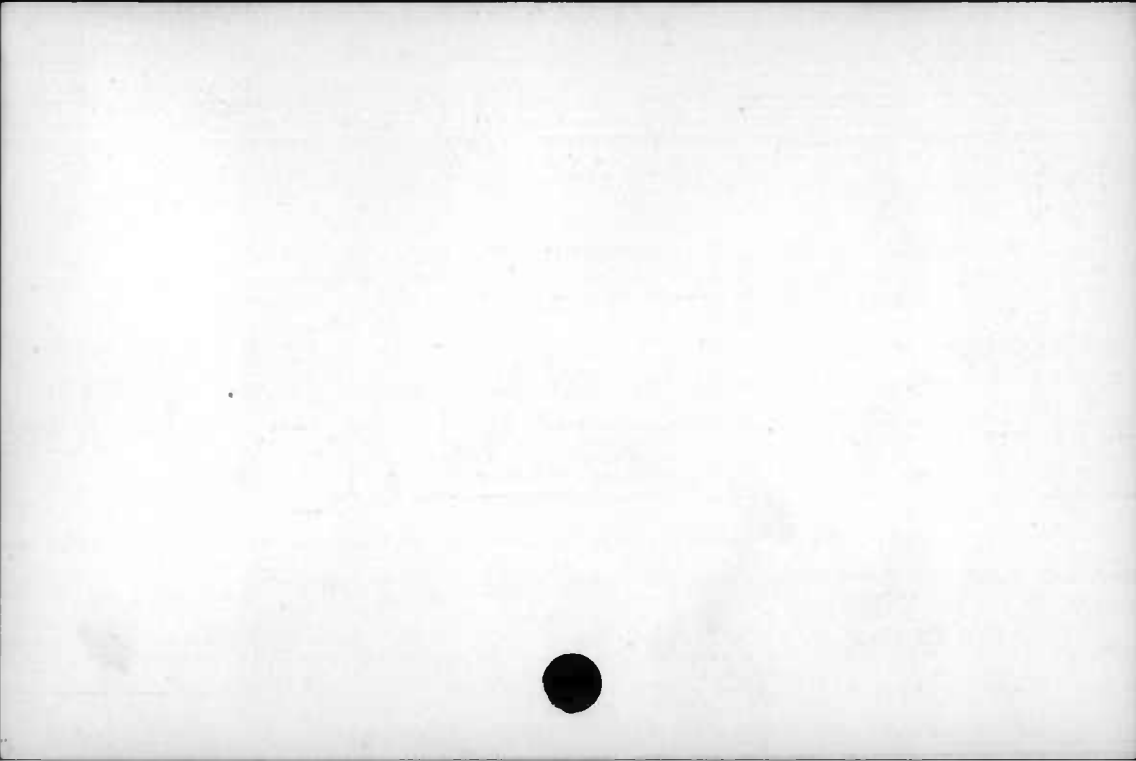
172

PHYSICIAN  
OR CORONER

|  |                   |                        |
|--|-------------------|------------------------|
| Primary  | <b>homiciding</b> | How long               |
| Immediate  |                   | How long               |
| Are the name, age, sex, color, date and place correctly given above? |                   | Signature of Physician |
| <b>yes</b>   |                   | <b>Harry P. Frost</b>  |
|  |                   | Address                |
|  |                   | <b>Laurel Ind</b>      |
| Accident or Suicide?   |                   |                        |
| <b>Accident</b>  |                   |                        |



|  |  |   |                         |
|--|--|---|-------------------------|
| Name in Full<br><b>Enoch Marshall</b>                                |  | CERTIFICATE OF DEATH                              |                         |
| Died at <b>near upper Marlboro</b> Town                              |  | County <b>P. G.</b>                               |                         |
| Date of death <b>1908 July 28</b>                                    |  | Age <b>79</b> Years Months <b>—</b> Days <b>—</b> |                         |
| Sex <b>Male</b>  | Color or Race <b>Black</b>                               | Birth-place <b>P. G. Co Ind</b>                   |                         |
| Occupation <b>Farmer</b>   | Where Residing if not at place of death <b>—</b>         |   |                         |
| Married, Single or Widowed <b>—</b>                                  | Name of Wife <b>Ellen Fletcher</b><br><del>Husband</del> |   |                         |
| Father's Name <b>Don't know</b>                                      | Father's Birthplace <b>Don't know</b>                    |   |                         |
| Mother's Maiden Name <b>Don't know</b>                               | Mother's Birthplace <b>Don't know</b>                    |   |                         |
| Name of person giving information <b>George Marshall</b>             | How related to deceased <b>Son</b>                       |   |                         |
| CAUSES OF DEATH  |  | <b>74</b>   |                         |
| Primary  | <b>Complications disease</b>                             |   | How long <b>3 weeks</b> |
| Immediate  | <b>Cerebral</b>  |   | How long                |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician <b>Reverdy Dasser</b>      |                         |
| Address <b>upper Marlboro Ind</b>                                    |  | Address <b>upper Marlboro Ind</b>                 |                         |
| Accident or Suicide?   |  | Accident or Suicide?                              |                         |





| Name in Full  |   | CERTIFICATE OF DEATH                  |  |                         |                       |
|---|---|---------------------------------------|--|-------------------------|-----------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND                       | Died at <i>Hyattsville</i>  |                                       | County <i>Prince George</i>                              |                         | State <i>MARYLAND</i> |
|   | Date of death <i>1908</i>   | Month <i>July</i>                     | Day <i>8th</i>   | Years                   | Months <i>one</i>     |
|   | Sex <i>female</i>   | Color or Race <i>Colored</i>          |  | Birth-place <i>D.C.</i> |                       |
|   | Occupation  |                                       | Where Residing if not at place of death                  |                         |                       |
|   | Married, Single or Widowed  |                                       | Name of Wife or Husband                                  |                         |                       |
|   | Father's Name <i>Edw. Mason</i>   |                                       | Father's Birthplace <i>don't know</i>                    |                         |                       |
|   | Mother's Maiden Name <i>Mathe Delaney</i>                                       |                                       | Mother's Birthplace <i>D.C.</i>                          |                         |                       |
| Name of person giving information <i>Thurman Matthews</i> |   | How related to deceased <i>Cousin</i> |  |                         |                       |
| CAUSES OF DEATH   |   |                                       |  |                         |                       |
| PHYSICIAN OR CORONER                                      | Primary <i>Natural Causes</i>   |                                       | How long   |                         |                       |
|   | Immediate   |                                       | How long <i>any</i>                                      |                         |                       |
|   | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |                                       | Signature of Physician <i>Augustus H. Doehler</i>        |                         |                       |
|   | Accident or Suicide?  |                                       | Address <i>Justice of the Peace<br/>Bladensburg, Md.</i> |                         |                       |



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

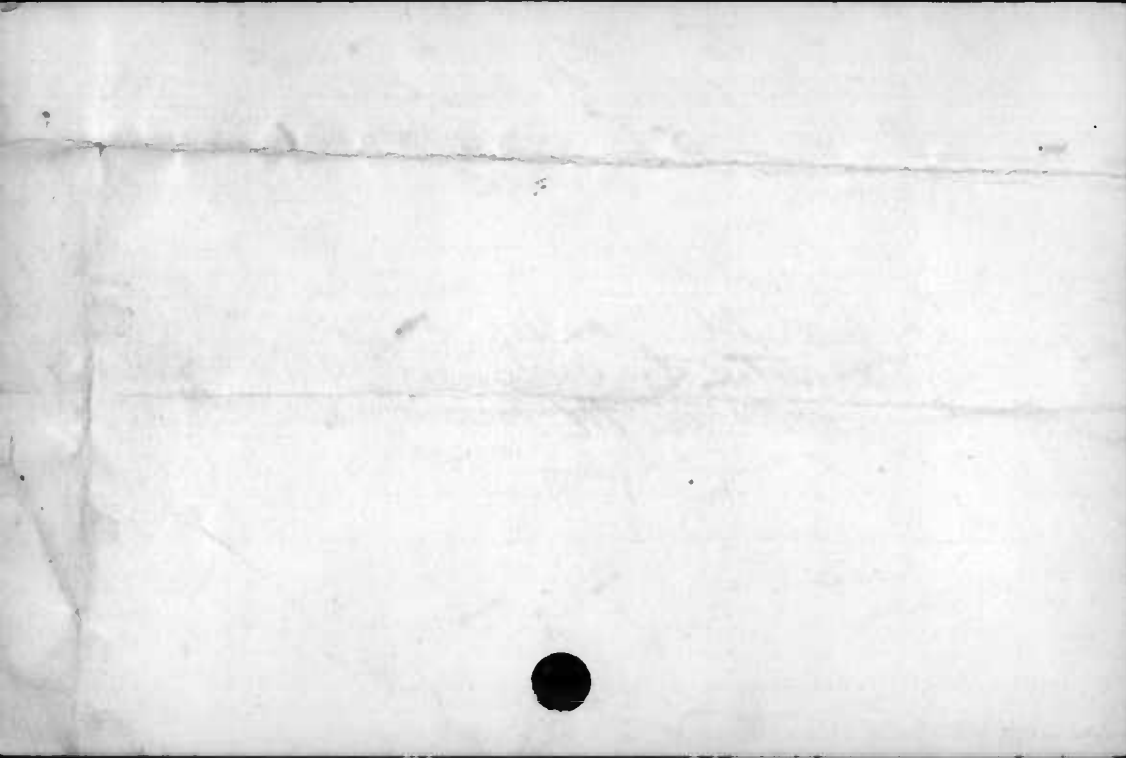
## CERTIFICATE OF DEATH

|   |                              |  |  |                               |   |
|---|------------------------------|--|--|-------------------------------|---|
| Died at <i>Mitchelville</i> <sup>Town</sup>               |                              | <i>Prince George's</i> <sup>County</sup> |  | MARYLAND                      |   |
| Date of death   | <i>1908</i> <sup>Month</sup> | <i>July</i> <sup>Day</sup>               | <i>15</i> <sup>Th</sup>                          | Age <i>—</i> <sup>Years</sup> | <i>6</i> <sup>Months</sup> <i>3</i> <sup>Days</sup> |
| Sex <i>Female</i>   | Color or Race <i>White</i>   |  | Birth-place <i>Maryland</i>                      |                               |   |
| Occupation <i>—</i>                                       |                              |  | Where Residing if not at place of death <i>—</i> |                               |   |
| Married, Single or Widowed <i>—</i>                       |                              |  | Name of Wife or Husband <i>—</i>                 |                               |   |
| Father's Name <i>Wm. Mc M. Mayhew</i>                     |                              |  | Father's Birthplace <i>Maryland</i>              |                               |   |
| Mother's Maiden Name <i>Mattie L. Adams</i>               |                              |  | Mother's Birthplace <i>Maryland</i>              |                               |   |
| Name of person giving information <i>Wm. Mc M. Mayhew</i> |                              |  | How related to deceased <i>Father</i>            |                               |   |

## CAUSES OF DEATH

179

|   |  |
|---|--|
| Primary <i>Marasmus</i>   | How long <i>2 weeks</i>                      |
| Immediate <i>Exhaustion</i>   | How long <i>1 day</i>                        |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Thos J. Hinkel</i> |
|   | Address <i>Asst, Maryland</i>                |
| Accident or Suicide? <i>—</i>   |  |



Name  
in  
Full

Whitney B. Meads

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

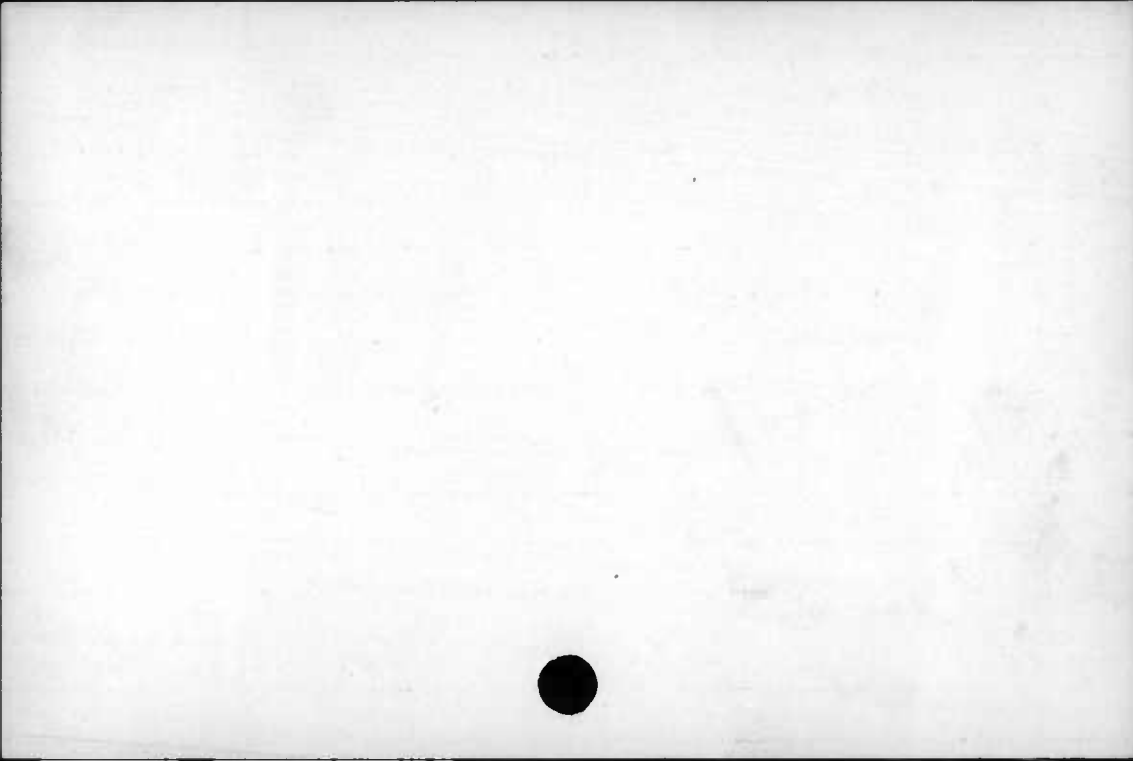
|                                       |                |   |       |                         |          |
|---------------------------------------|----------------|---|-------|-------------------------|----------|
| Died at <u>Lanier</u> <sup>Town</sup> |                | <u>Pine</u> <sup>County</sup>                     |       | MARYLAND                |          |
| Date of death                         | 1908           | Month   | July  | Day                     | 6        |
| Age                                   | Years          | Months  | 5     | Days                    | 1        |
| Sex                                   | Male           | Color or Race                                     | White | Birth-place             | Lanier   |
| Occupation                            | None           | Where Residing if not at place of death<br>Lanier |       |                         |          |
| Married, Single or Widowed            | Married        | Name of Wife or Husband<br>None                   |       |                         |          |
| Father's Name                         | Benjamin Meads |   |       | Father's Birthplace     | England  |
| Mother's Maiden Name                  | Mary C. Carter |   |       | Mother's Birthplace     | Maryland |
| Name of person giving information     | Bry Meads      |   |       | How related to deceased | Father   |

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|  |                 |                                       |        |
|--|-----------------|---------------------------------------|--------|
| Primary  | Cholera infanum | How long                              | 1 week |
| Immediate  |                 | How long                              |        |
| Are the name, age, sex, color, date and place correctly given above? |                 | Signature of Physician<br>J. H. Roper |        |
|  |                 | Address<br>Lanier                     |        |
| Accident or Suicide?   |                 |                                       |        |



Name  
in  
Full

Francis A. Myles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Ritchie Town Md County

Date of death 1908 Month July Day 5 Age one Years Months one Days —

Sex Male Color or Race Colored Birth-place Maryland

Occupation — Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
Husband —Father's  
NameFrancis MylesFather's  
BirthplaceMdMother's  
Maiden NameVirgin StewartMother's  
Birthplace"Name of person giving  
InformationFrancis MylesHow related  
to deceasedFather

## CAUSES OF DEATH

61

Primary

Spinal MeningitisHow long —

Immediate

How long —Are the name, age, sex, color, date  
and place correctly given above?YesSignature of  
Physician

Address

J. C. Sansbury  
Forestville, Md

Accident or Suicide?





Name  
in  
Full

William Andrew Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

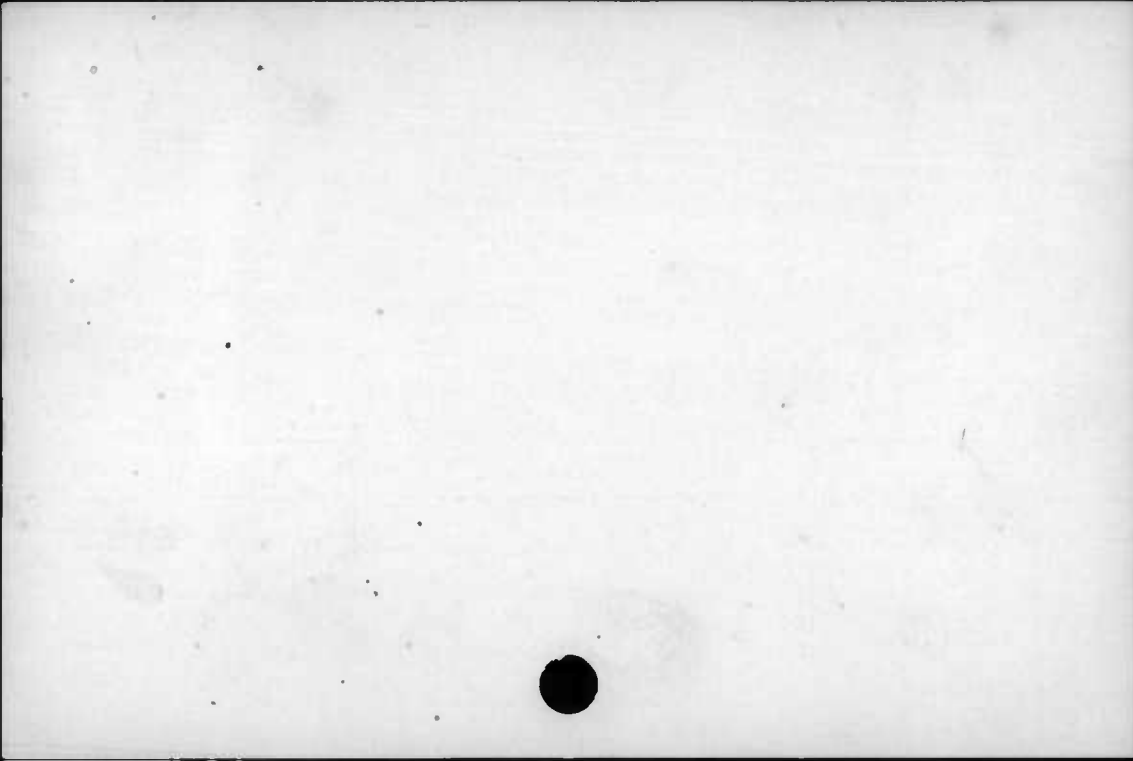
|  |   |   |                                    |                                |                               |
|--|---|---|------------------------------------|--------------------------------|-------------------------------|
| Died at <u>Oxon Hill</u> <small>Town</small>                     |   | <u>Pr. Georges</u> <small>County</small>  |                                    | MARYLAND                       |                               |
| Date of death <u>1908</u>  | <u>July</u> <small>Month</small>                              | <u>24<sup>th</sup></u> <small>Day</small> | Age <u>26</u> <small>Years</small> | <u>4</u> <small>Months</small> | <u>11</u> <small>Days</small> |
| Sex <u>Male</u>  | Color or Race <u>Colored</u>                                  | Birth-place <u>Pr. Geo. Co. Md.</u>       |                                    |                                |                               |
| Occupation <u>Farm Hand</u>                                      | Where Residing if not at place of death                       |   |                                    |                                |                               |
| Married, Single or Widowed <u>Widower</u>                        | Name of Wife or Husband <u>Lizzie Riley Newman (deceased)</u> |   |                                    |                                |                               |
| Father's Name <u>Engine Newman</u>                               | Father's Birthplace <u>Chas. Co. Md.</u>                      |   |                                    |                                |                               |
| Mother's Maiden Name <u>Mary Proctor</u>                         | Mother's Birthplace <u>Chas. Co. Md.</u>                      |   |                                    |                                |                               |
| Name of person giving information <u>Mary P. Newman (Mother)</u> | How related to deceased <u>Mother</u>                         |   |                                    |                                |                               |

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Gun shot wound</u>   | How long   |
| Immediate <u>Internal &amp; external hemorrhages</u>                            | How long <u>18 hours</u>                           |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Arthur W. Meloy M.D.</u> |
|   | Address <u>Congress Heights, D.C.</u>              |
| Accident or Suicide? <u>Accident.</u>   |  |



Name  
in  
Full

CERTIFICATE OF DEATH

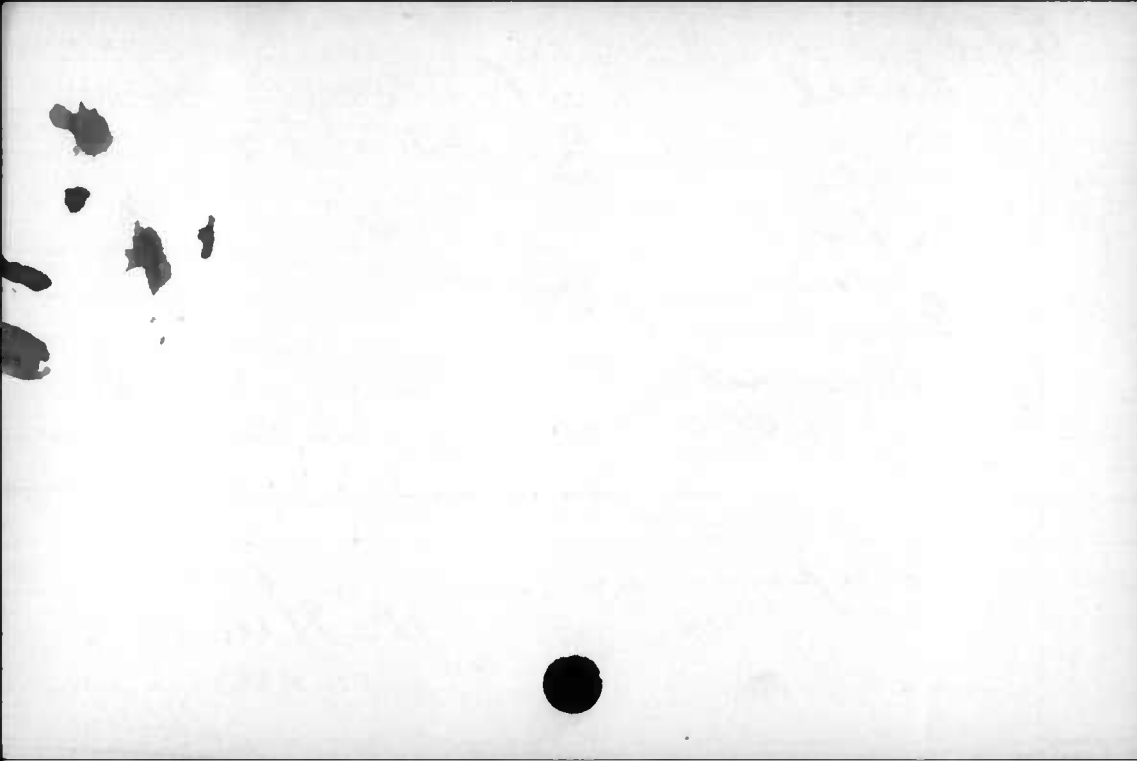
TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |                                  |   |                 |               |
|---|---|----------------------------------|---|-----------------|---------------|
| Died at <i>Rosencroft</i> <sup>Town</sup> |   | <i>Pr Geo.</i> <sup>County</sup> |   | MARYLAND        |               |
| Date of death <i>1908</i>                 | Month <i>7</i>  | Day <i>11</i>                    | Age <i>77</i>                             | Months <i>—</i> | Days <i>—</i> |
| Sex <i>male</i>                           | Color or Race <i>white</i>                                  |                                  | Birth-place <i>Ud.</i>                    |                 |               |
| Occupation <i>Farmer</i>                  | Where Residing if not at place of death <i>Home</i>         |                                  |   |                 |               |
| Married <i>—</i><br><i>or Widowed</i>     | Name of Wife or Husband <i>Elizabeth Payne</i>              |                                  |   |                 |               |
| Father's Name <i>D. K.</i>                | Father's Birthplace <i>unobtainable</i>                     |                                  | Mother's Birthplace <i>unobtainable</i>   |                 |               |
| Mother's Maiden Name <i>D. K.</i>         | Name of person giving information <i>James M. Vermilion</i> |                                  | How related to deceased <i>son-in-law</i> |                 |               |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>degeneration of nervous system</i>                                   | How long <i>2 yrs</i>                       |
| Immediate <i>Exhaustion</i>   | How long <i>—</i>                           |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. P. Simpson</i> |
|   | Address <i>Rosencroft</i>                   |
| Accident or Suicide? <i>—</i>   |   |



Name  
in  
Full

Edward Peun

CERTIFICATE OF DEATH

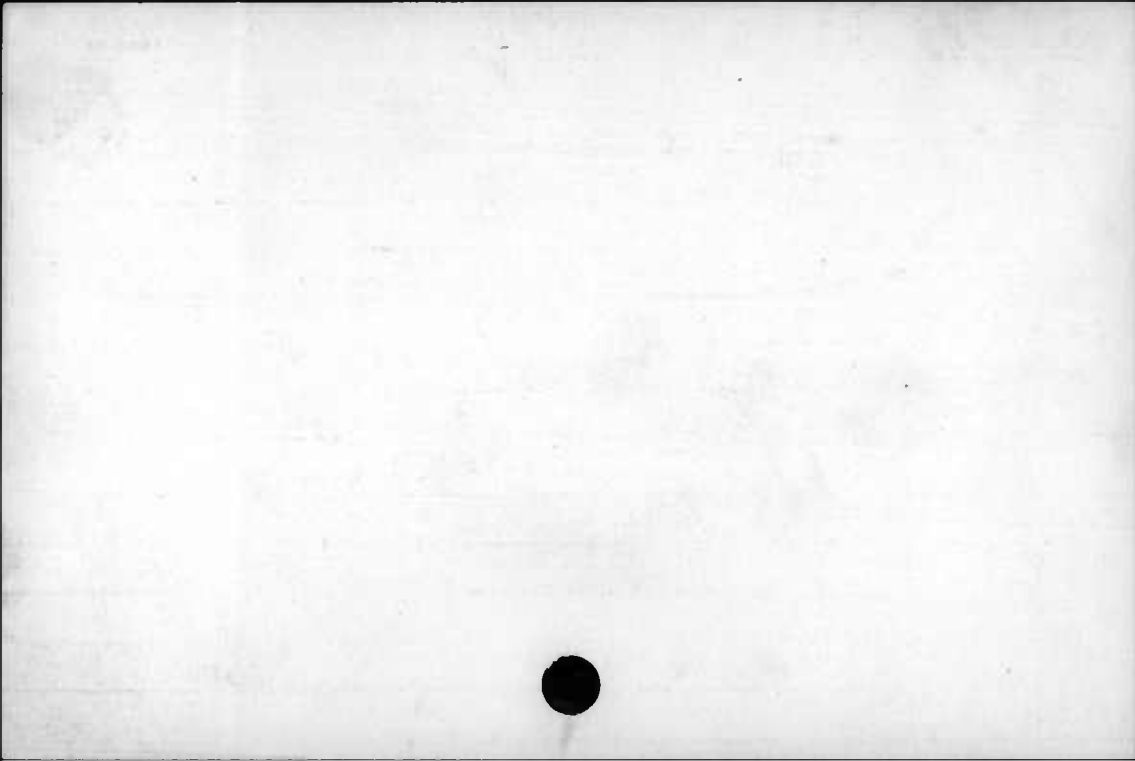
TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |  |  |                                |                                |
|--|---|--|--|--------------------------------|--------------------------------|
| Died at <u>Laurel</u> <small>Town</small>                        |   | <u>Pr</u> <small>County</small>                            |  | MARYLAND                       |                                |
| Date of death  | <u>1908</u> <small>Year</small>           | <u>July</u> <small>Month</small>                           | <u>11</u> <small>Day</small>                                   | <u>69</u> <small>Years</small> | <u>7</u> <small>Months</small> |
| <u>male</u> <small>Sex</small>                                   | <u>white</u> <small>Color or Race</small> | <u>Maryland</u> <small>Birth-place</small>                 |  | <u>4</u> <small>Days</small>   |                                |
| <u>Retired</u> <small>Occupation</small>                         |   |  | <u></u> <small>Where Residing if not at place of death</small> |                                |                                |
| <u>Widower</u> <small>Married, Single or Widowed</small>         |   | <u>Rebecca Peun</u> <small>Name of Wife or Husband</small> |  |                                |                                |
| <u>Greenbury Peun</u> <small>Father's Name</small>               |   |  | <u>md</u> <small>Father's Birthplace</small>                   |                                |                                |
| <u>Marianda Merrick</u> <small>Mother's Maiden Name</small>      |   |  | <u>md</u> <small>Mother's Birthplace</small>                   |                                |                                |
| <u>W H Peun</u> <small>Name of person giving information</small> |   |  | <u>Son</u> <small>How related to deceased</small>              |                                |                                |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |   |
|--|--|---|
| <u>Primary</u> <u>Intestinal carcinoma</u>   |  | <u>40</u> <small>How long</small>                     |
| <u>Immediate</u> <u>Eucyema</u>  |  | <u>1 mo</u> <small>How long</small>                   |
| <u>yes</u> <small>Are the name, age, sex, color, date and place correctly given above?</small> |  | <u>J R Hunt</u> <small>Signature of Physician</small> |
|  |  | <u>Laurel</u> <small>Address</small>                  |
|  |  | <u>md</u>   |
| <u></u> <small>Accident or Suicide?</small>  |  |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Wm Bradley Perrie*

Town *Heshmond* County *Pr Geo* MARYLAND

Died at *Heshmond*

Date of death *1908* Month *July* Day *23* Age *75* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Farming* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Elizabeth Perrie*

Father's Name *Lloyd Perrie* Father's Birthplace *Ind*

Mother's Maiden Name *Mary A Warrington* Mother's Birthplace *Ind*

Name of person giving information *Henry Perrie* How related to deceased *Son*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Apoplexy* ✓ How long *7 hours*

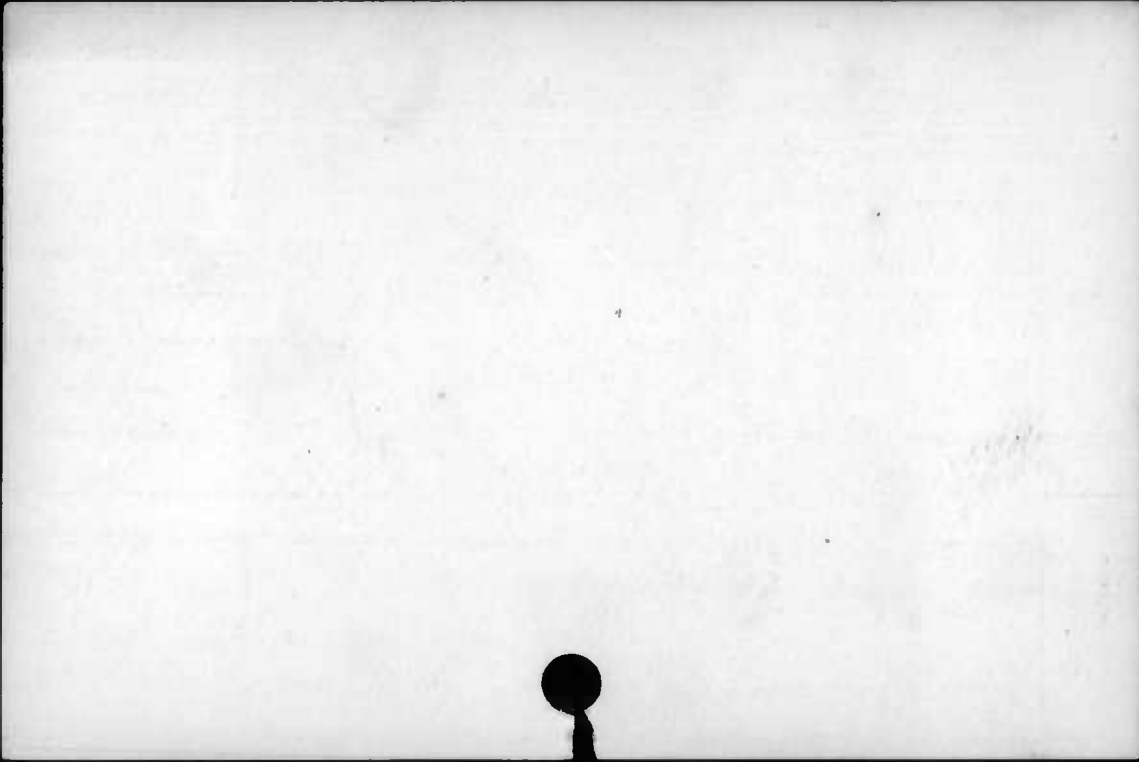
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. J. Gibbons*

Address *Room Ind*

Accident or Suicide?





Name  
in  
Full

Wm Henry Peterson

## CERTIFICATE OF DEATH

near

Town

County

Died ~~at~~ Mitchellville

Prince George

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

7

27

Age

6

Sex

Male

Color or  
Race

Colored

Birth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Wm Henry Peterson

Father's  
Birthplace

Mitchellville

Mother's  
Maiden Name

Eunice S. Peterson

Mother's  
BirthplaceName of person giving  
In formation

J. F. R. Dufour, M.D.

How related  
to deceased

" " Parent

## CAUSES OF DEATH

106

Primary

Cholera Infantum

How long

5 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

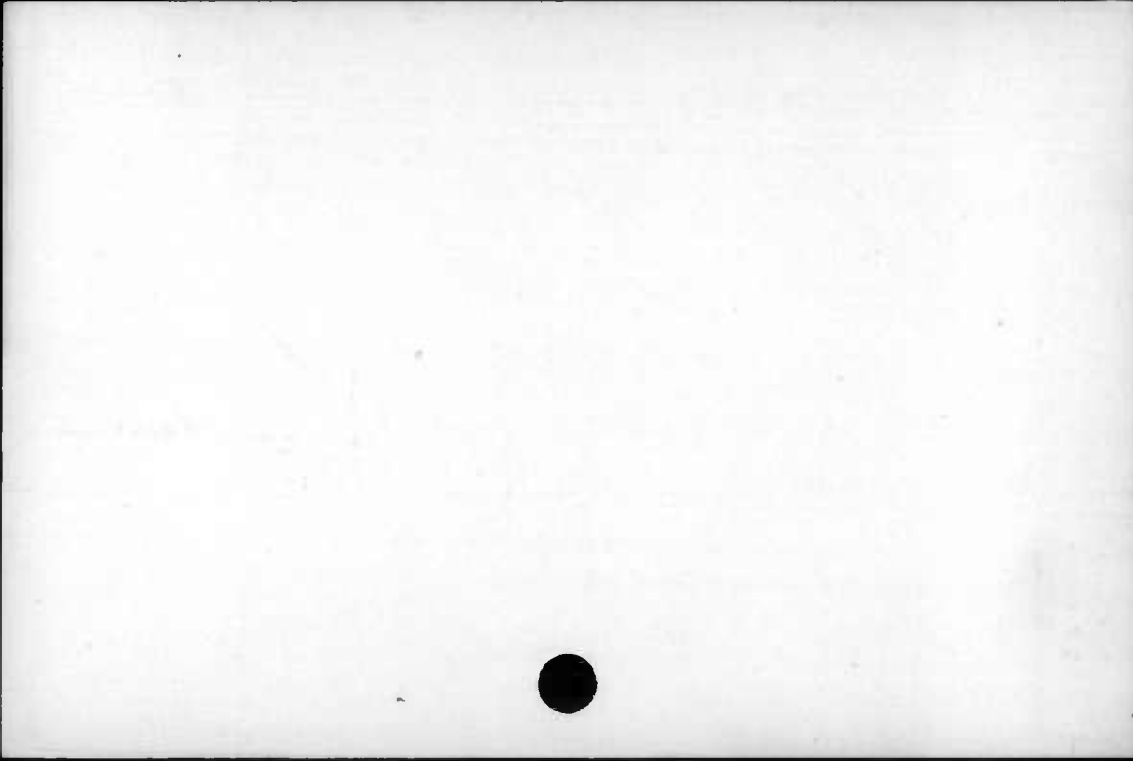
Signature of  
Physician

Address

J. F. R. Dufour  
Mitchellville, Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

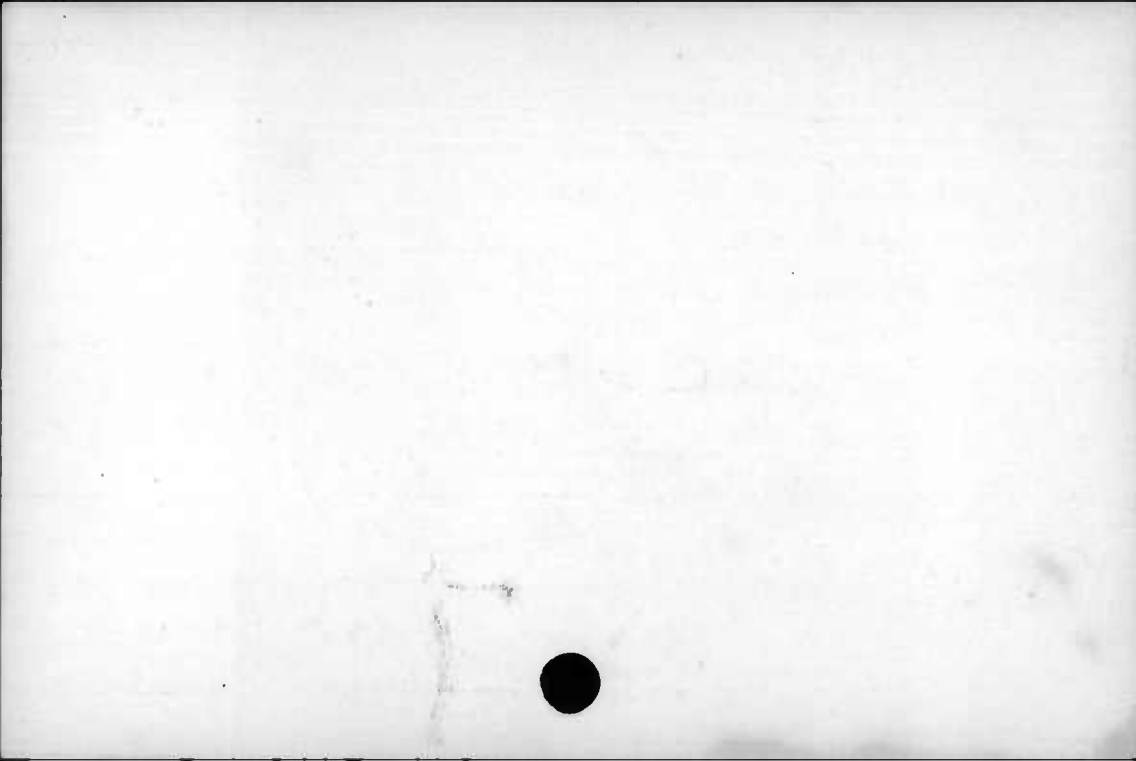
|   |                            |                       |  |                       |       |         |      |
|---|----------------------------|-----------------------|--|-----------------------|-------|---------|------|
| Died at <i>Marlboro.</i>                              |                            | Town <i>Marlboro.</i> |  | County <i>R. Geo.</i> |       | MAYLAND |      |
| Date of death   | <i>1908</i>                | Month <i>July</i>     | Day <i>27</i>                                    | Age <i>19</i>         | Years | Months  | Days |
| Sex <i>Female</i>                                     | Color or Race <i>Black</i> |                       | Birth-place <i>R. Geo. C. Md.</i>                |                       |       |         |      |
| Occupation <i>House servant</i>                       |                            |                       | Where Residing if not at place of death <i>—</i> |                       |       |         |      |
| Married, Single or Widowed <i>Single</i>              |                            |                       | Name of Wife or Husband <i>—</i>                 |                       |       |         |      |
| Father's Name <i>Frank Pickney</i>                    |                            |                       | Father's Birthplace <i>R. Geo. C. Md.</i>        |                       |       |         |      |
| Mother's Maiden Name <i>Green.</i>                    |                            |                       | Mother's Birthplace <i>" " "</i>                 |                       |       |         |      |
| Name of person giving information <i>Mary Pickney</i> |                            |                       | How related to deceased <i>Wife</i>              |                       |       |         |      |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary   | How long                                      |
| Immediate <i>Tuberculosis</i>   | How long <i>6 mos</i>                         |
| Are the name, age, sex, color, date and place correctly given above? <i>Suppose so</i>                    | Signature of Physician <i>L. A. Griffith.</i> |
| <br>Accident or Suicide? | Address <i>Upper Marlboro.</i>                |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

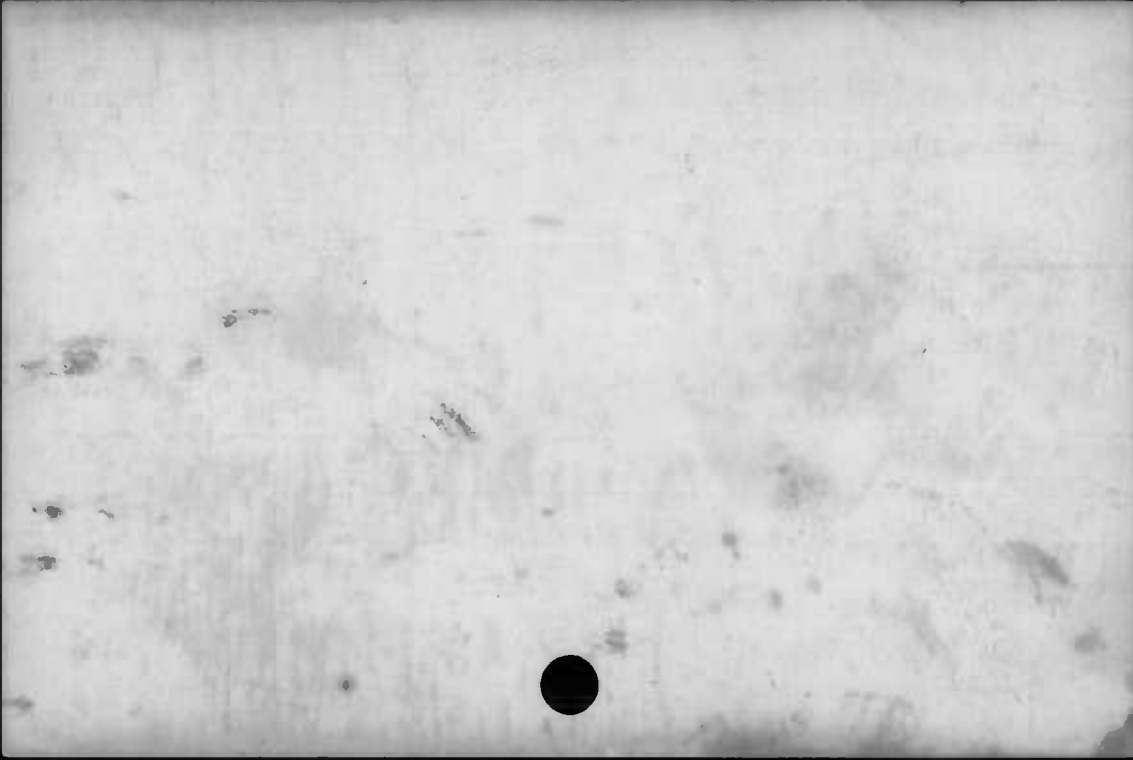
Infant Queen  
Died at Seat Pleasant <sup>Town</sup> Prince George <sup>County</sup> MARYLAND  
Date of death 1908 July 16 Age Years Months Days  
Sex male Color or Race Black Birth-place Md  
Occupation none Where Residing if not at place of death  
Married, Single or Widowed Single Name of Wife or Husband  
Father's Name Louis Queen Father's Birthplace Md  
Mother's Maiden Name Hattie Snowden Mother's Birthplace Md  
Name of person giving information Louis Queen How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Congenital weakness How long 24 hrs  
Immediate Collapse How long Immediate  
Are the name, age, sex, color, date and place correctly given above? yes  
Signature of Physician J. H. Sausbury  
Address Foxville Md  
Accident or Suicide? neither



Name  
in  
Full

Charles Martin Saxton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |  |                                     |                                    |                                |
|---|---|--|-------------------------------------|------------------------------------|--------------------------------|
| Died at <i>Mt Rainier</i> <small>Town</small> |   | <i>Prince George</i> <small>County</small> |                                     | MARYLAND                           |                                |
| Date of death                                 | <i>1908</i> <small>Year</small>                             | <i>July</i> <small>Month</small>           | <i>28</i> <small>Day</small>        | Age <i>35</i> <small>Years</small> | <i>4</i> <small>Months</small> |
| Sex <i>male</i>                               | Color or Race <i>white</i>                                  | Birth-place <i>Pa.</i>                     |                                     |                                    |                                |
| Occupation <i>clerk in P.O. Dept.</i>         | Where Residing if not at place of death <i>—</i>            |  |                                     |                                    |                                |
| Married, Single or Widowed <i>married</i>     | Name of Wife or Husband <i>Kathleen K. Saxton</i>           |  |                                     |                                    |                                |
| Father's Name <i>S. J. Saxton</i>             | Father's Birthplace <i>Pa</i>                               |  | Mother's Birthplace <i>Pa</i>       |                                    |                                |
| Mother's Maiden Name <i>Harriett Martin</i>   | Name of person giving information <i>Kathleen K. Saxton</i> |  | How related to deceased <i>wife</i> |                                    |                                |

PHYSICIAN  
OR CORONER

|   |  |   |
|---|--|---|
| CAUSES OF DEATH   |  | ① |
| Primary <i>Typhoid Fever.</i>   | How long <i>about 4 weeks</i>                  |   |
| Immediate <i>Perforation</i>  | How long <i>3 days</i>                         |   |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. H. Wellington</i> |   |
|   | Address <i>1700-R. D. Ave</i>                  |   |
| Accident or Suicide? <i>—</i>   |  |   |

1908  
1973

Charles M. T. Saylor  
1872 - 1908

Lehigh Valley

62  
Coudersport Pa. Penna R.R.



Name  
in  
Full

Mildred Iola Schultz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

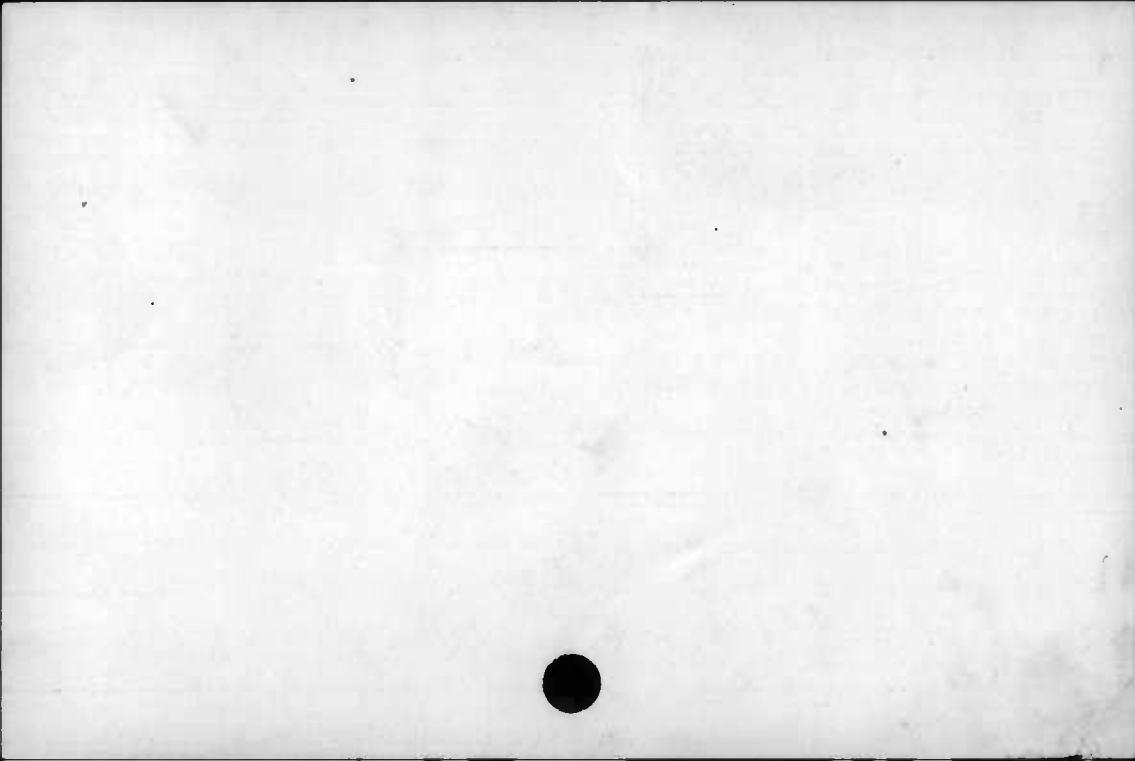
|                                   |                 |                          |                              |  |            |                         |               |
|-----------------------------------|-----------------|--------------------------|------------------------------|--|------------|-------------------------|---------------|
| Died at                           |                 | Town<br>Fairmont Heights |                              | County<br>Prince George                      |            | MARYLAND                |               |
| Date of death                     | 1908            | Month<br>July            | Day<br>4                     | Age<br>—                                     | Years<br>— | Months<br>3             | Days<br>—     |
| Sex                               | female          |                          | Color or Race                | white  |            | Birth-place             | P. A. Co. Md. |
| Occupation                        | none            |                          |                              | Where Residing if not at place of death<br>— |            |                         |               |
| Married, Single or Widowed        | single          |                          | Name of Wife or Husband<br>— |  |            |                         |               |
| Father's Name                     | John H. Schultz |                          |                              |  |            | Father's Birthplace     | Maryland      |
| Mother's Maiden Name              | Ada J. Gorton   |                          |                              |  |            | Mother's Birthplace     | Maryland      |
| Name of person giving information | J. H. Schultz   |                          |                              |  |            | How related to deceased | father        |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|  |                  |                        |                  |
|--|------------------|------------------------|------------------|
| Primary  | cholera infantum | How long               | 10 days          |
| Immediate  | asthenia         | How long               | 1 hour           |
| Are the name, age, sex, color, date and place correctly given above? | yes              | Signature of Physician | J. M. Brady      |
|  |                  | Address                | Kenilworth N. C. |
| Accident or Suicide?   |                  |                        |                  |



Name  
in  
Full

*William E. Spriggs*  
 Town *Marlboro.* County *Pr. Geo.*

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Marlboro.*  
 Date of death *1908 July 10* Age *6* Months *3* Days  
 Sex *Male* Color or Race *Black* Birth-place *P. E. Md*  
 Occupation *—* Where Residing if not at place of death *—*

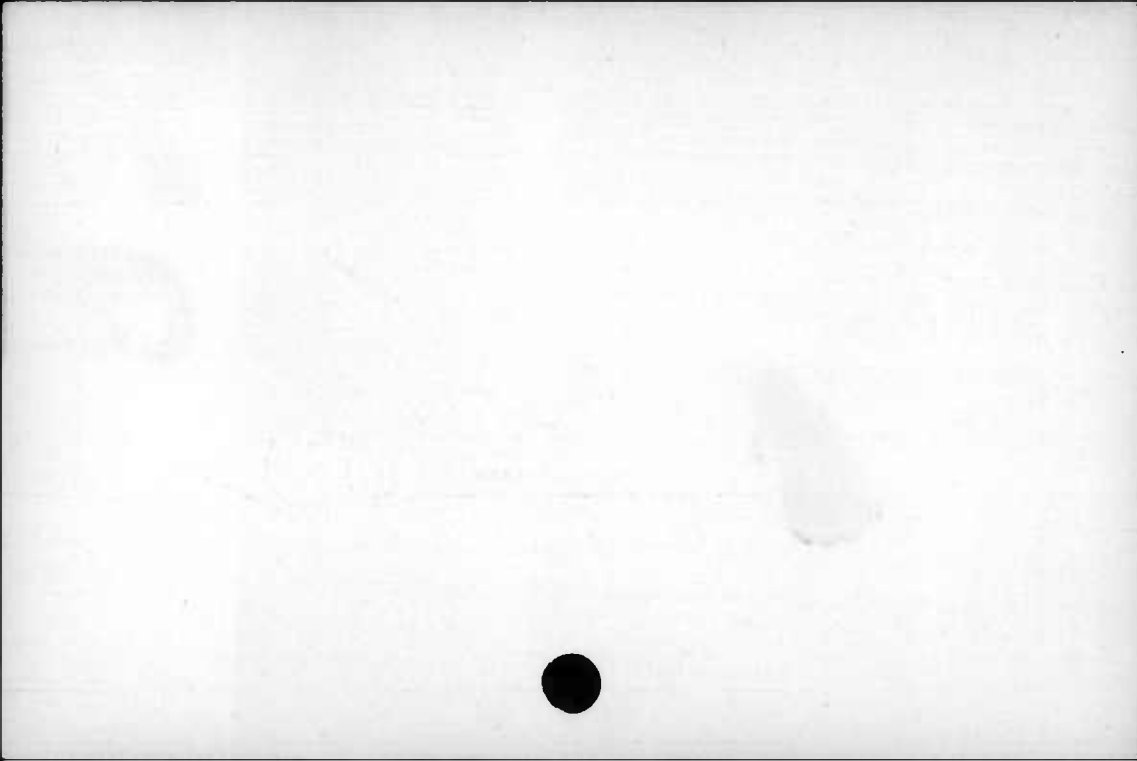
Married, Single or Widowed *—* Name of Wife or Husband *—*  
 Father's Name *William Spriggs* Father's Birthplace *P. E. Md*  
 Mother's Maiden Name *Net* Mother's Birthplace *P. E. Md*  
 Name of person giving information *William Spriggs* How related to deceased *Father*

CAUSES OF DEATH

**120**

PHYSICIAN  
OR CORONER

Primary *Bright's Disease* How long *8 Mos*  
 Immediate  
 Are the name, age, sex, color, date and place correctly given above?  
 Signature of Physician *L. A. Liffert*  
 Address *Marlboro Md*  
 Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

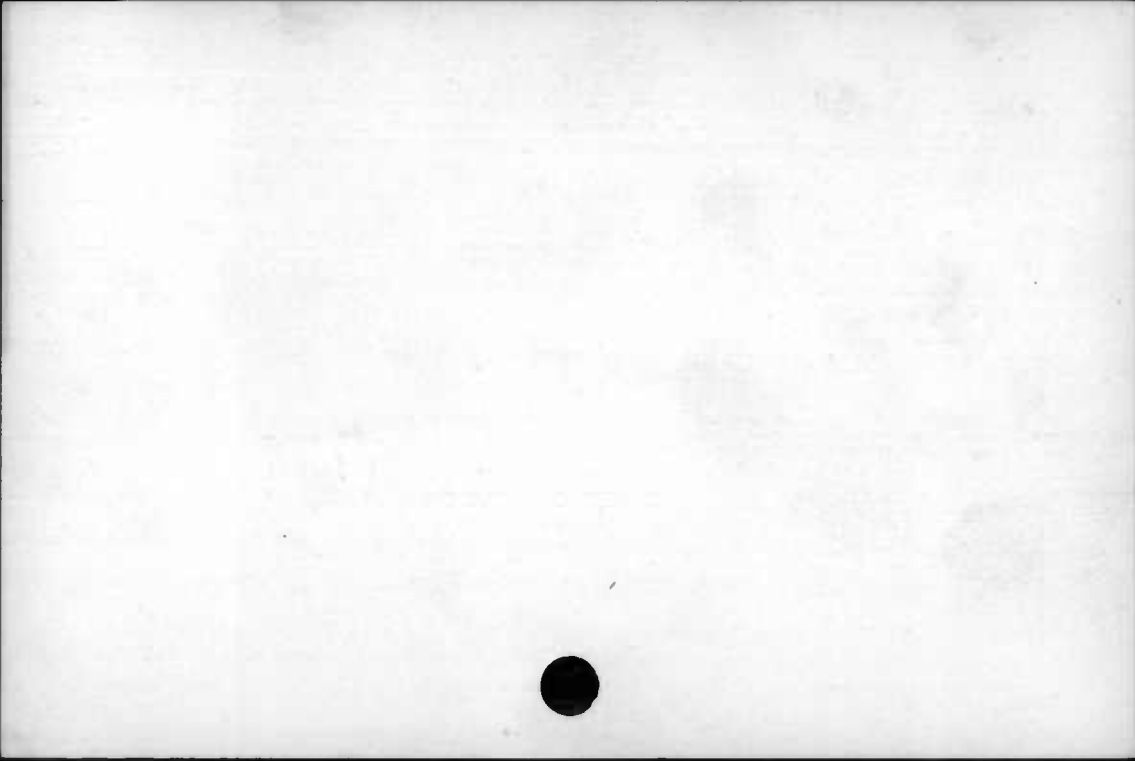
MARYLAND

Died at *New Islands* <sup>Town</sup> *Prince Geo* <sup>County</sup>Date of death *1908* <sup>Month</sup> *July* <sup>Day</sup> *18* <sup>Years</sup> *81* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Martha E. Stamp*Father's Name *John Stamp* Father's Birthplace *Maryland*Mother's Maiden Name *unknown* Mother's Birthplace *MD*Name of person giving information *John Stamp* How related to deceased *Son*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONERPrimary *senile debility* *154* *5 years*Immediate *asthenia* *1 week*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Jos. M. Parker MD*Address *Congress Heights* *D.C.*Accident or Suicide? *—*



Name  
in  
Full

Alice Standley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

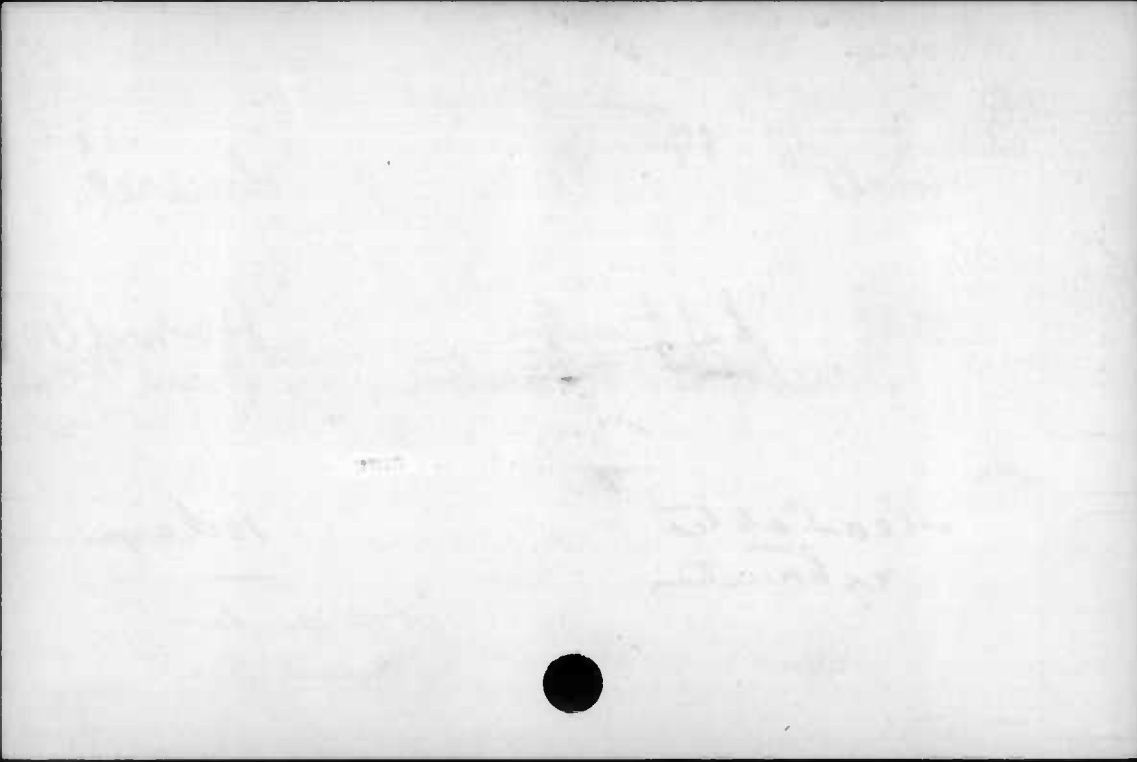
|                                   |  |               |       |   |     |              |        |             |         |
|-----------------------------------|--|---------------|-------|---|-----|--------------|--------|-------------|---------|
| Died at                           |  | Town          |       | County                                  |     | MARYLAND     |        |             |         |
| Date of death                     |  | 190           | Month | Day                                     | Age | Years        | Months | Days        |         |
| Sex                               |  | female        |       | Color or Race                           |     | Colored      |        | Birth-place | W.B. Md |
| Occupation                        |  | House work    |       | Where Residing if not at place of death |     | Baltimore Md |        |             |         |
| Married, Single or Widowed        |  | Married       |       | Name of Wife or Husband                 |     | Wm Standley  |        |             |         |
| Father's Name                     |  | Lloyd Johnson |       | Father's Birthplace                     |     | D.K. Md      |        |             |         |
| Mother's Maiden Name              |  | Julia Dickert |       | Mother's Birthplace                     |     | Md           |        |             |         |
| Name of person giving information |  | James Will    |       | How related to deceased                 |     | Brother      |        |             |         |

## CAUSES OF DEATH

27

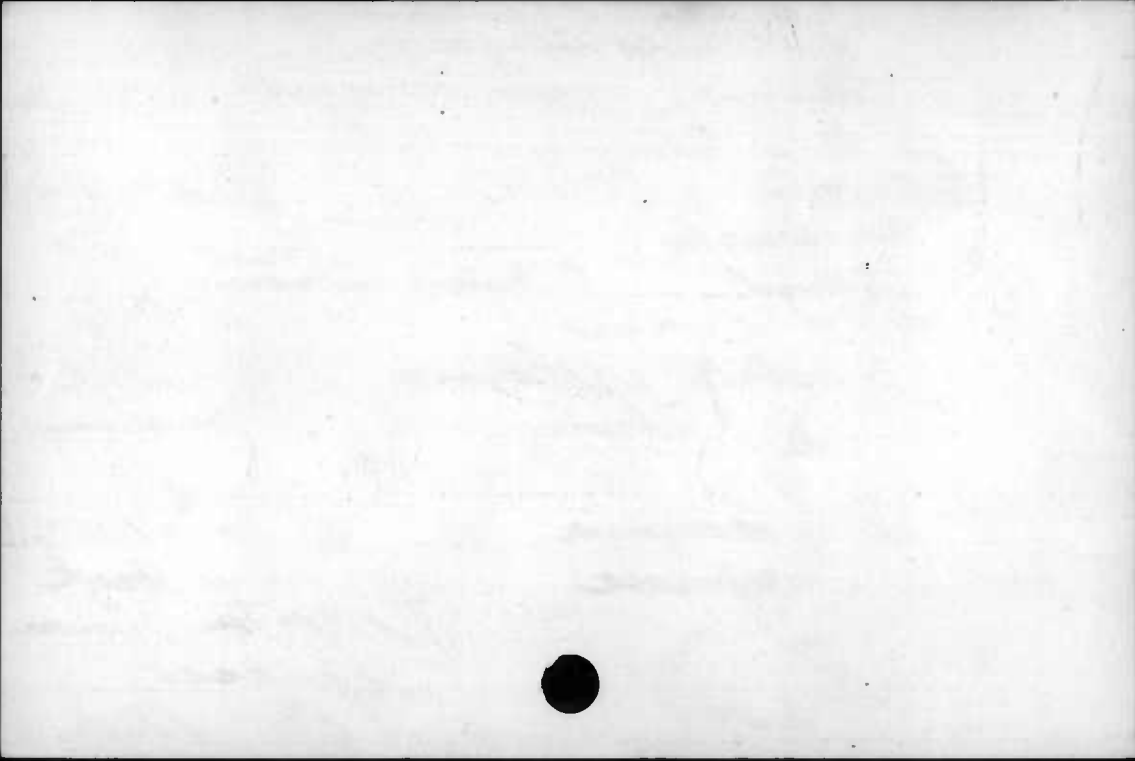
PHYSICIAN  
OR CORONER

|  |                        |             |          |
|--|------------------------|-------------|----------|
| Primary  | Pulmonary Tuberculosis | How long    | 6 months |
| Immediate  | Asthma                 | How long    |          |
| Are the name, age, sex, color, date and place correctly given above? |                        | Yes         |          |
| Signature of Physician   |                        | John A. Coz |          |
| Address  |                        | W.B. Md     |          |
| Accident or Suicide?   |                        | 9           |          |





| Name in Full                        |  | Francis Stanton    |      |               |           | CERTIFICATE OF DEATH    |   |             |        |          |      |
|-------------------------------------|--|--------------------|------|---------------|-----------|-------------------------|---|-------------|--------|----------|------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at  | Laurel             |      | Town          |           | Prince George           |   | County      |        | MARYLAND |      |
|                                     | Date of death  | 1908               | July | 19            | Day       | 5                       | Years                                   | 5           | Months | 11       | Days |
|                                     | Sex  | Male               |      | Color or Race |           | White                   |   | Birth-place |        | Laurel   |      |
|                                     | Occupation   |                    |      |               |           |                         | Where Residing if not at place of death |             |        |          |      |
|                                     | Married, Single or Widowed   |                    |      |               |           |                         | Name of Wife or Husband                 |             |        |          |      |
|                                     | Father's Name  | Wallace S. Stanton |      |               |           |                         | Father's Birthplace                     |             |        |          |      |
|                                     | Mother's Maiden Name   | Isabel L. Stanton  |      |               |           |                         | Mother's Birthplace                     |             |        |          |      |
| Name of person giving information   | Walter S. Stanton  |                    |      |               |           | How related to deceased |   |             |        |          |      |
|                                     |  |                    |      |               |           | Father                  |   |             |        |          |      |
| CAUSES OF DEATH                     |  |                    |      |               |           |                         |   |             |        |          |      |
| PHYSICIAN OR CORONER                | Primary  | Ileo-Colitis       |      |               |           |                         | How long                                |             |        |          |      |
|                                     | Immediate  | exhaustion         |      |               |           |                         | 10 days                                 |             |        |          |      |
|                                     | Are the name, age, sex, color, date and place correctly given above? |                    |      |               |           | yes                     |   |             |        |          |      |
|                                     | Signature of Physician   |                    |      |               |           | W. F. Taylor            |   |             |        |          |      |
| Address                             |  |                    |      |               | Laurel Md |                         |   |             |        |          |      |
| Accident or Suicide?                |  |                    |      |               |           |                         |   |             |        |          |      |



Name  
in  
Full

Rosalie Strong

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

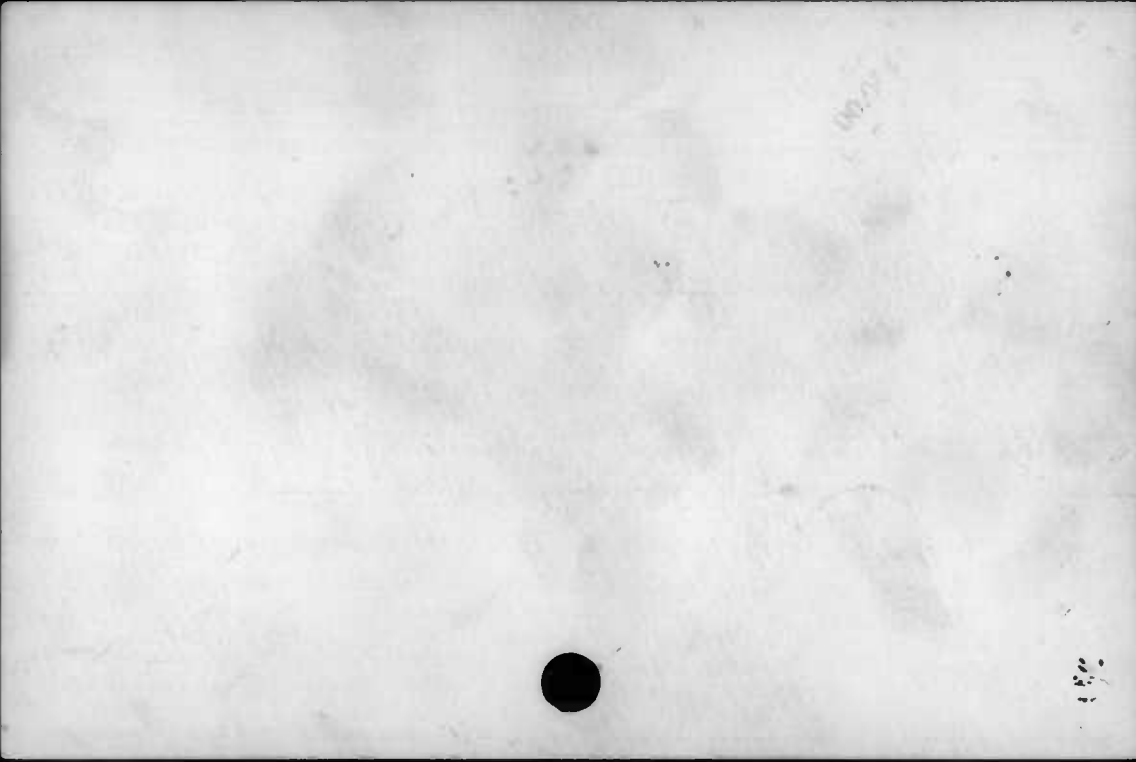
|                                   |         |               |       |   |             |          |  |
|-----------------------------------|---------|---------------|-------|---|-------------|----------|--|
| Died at                           |         | Town          |       | County                                  |             | State    |  |
| Aguasco                           |         | Pr. Georges   |       | Maryland                                |             |          |  |
| Date of death                     |         | Month         | Day   | Years                                   | Months      | Days     |  |
| 1908                              |         | July          | 8     | 22                                      | -           | -        |  |
| Sex                               | Female  | Color or Race | White |   | Birth-place | Maryland |  |
| Occupation                        | Danceur |               |       | Where Residing if not at place of death |             |          |  |
| Married, Single or Widowed        | Married |               |       | Name of Wife or Husband                 |             |          |  |
| J. H. V. Strong                   |         |               |       | Father's Birthplace                     |             |          |  |
| H. P. Morris                      |         |               |       | Mother's Birthplace                     |             |          |  |
| Elizabeth Adams                   |         |               |       | How related to deceased                 |             |          |  |
| Name of person giving information |         |               |       | J. H. Strong                            |             |          |  |
|                                   |         |               |       | Husband                                 |             |          |  |

CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

|  |                      |                |           |
|--|----------------------|----------------|-----------|
| Primary  | Septicemia Puerperal | How long       | Four mos. |
| Immediate  | Dyspnea              | How long       | One week  |
| Are the name, age, sex, color, date and place correctly given above? |                      | Yes            |           |
| Signature of Physician   |                      | J. Morton Town |           |
| Address  |                      | Aguasco        |           |
| Accident or Suicide?   |                      | No             |           |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

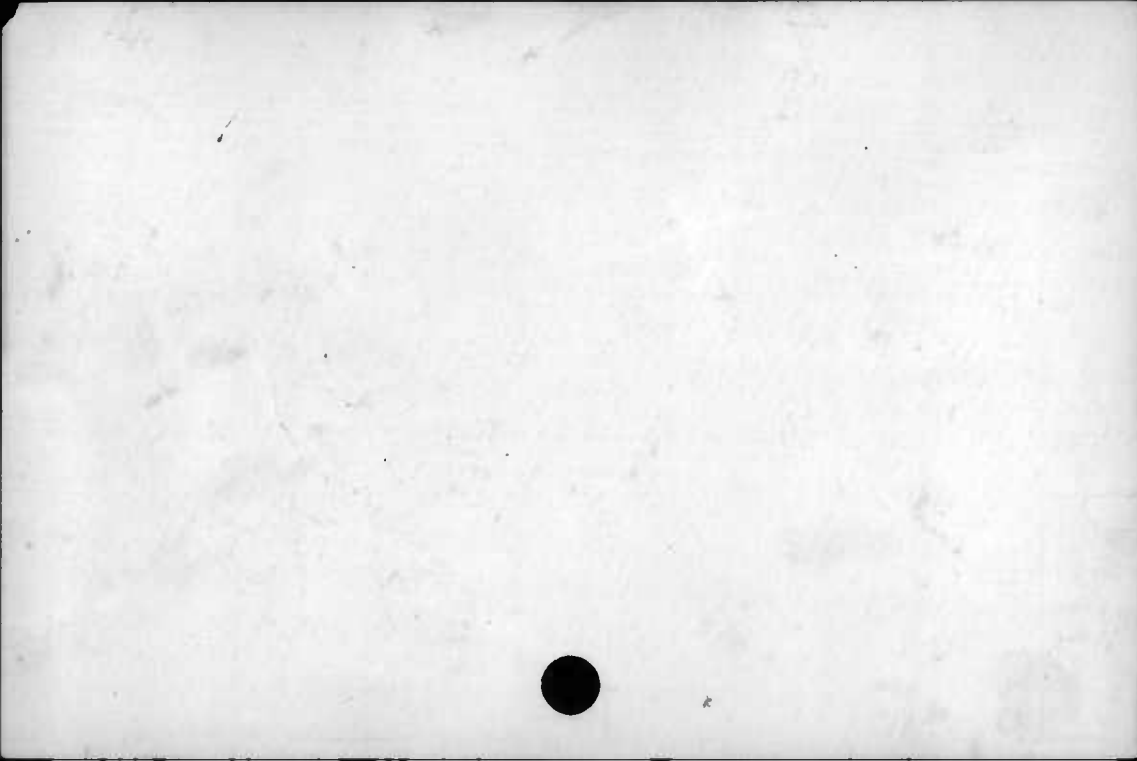
|   |  |  |  |  |  |                                       |  |
|---|--|--|--|--|--|---------------------------------------|--|
| Name in Full <i>Wm. E. Teyman</i>         |  | Town <i>Westwood</i>                             |  | County <i>Pr. Geo's</i>                                  |  | MARYLAND                              |  |
| Died at <i>Westwood</i>                   |  | Month <i>July</i>                                |  | Day <i>21</i>  |  | Years <i>81</i>                       |  |
| Date of death <i>1908</i>                 |  | Month <i>July</i>                                |  | Day <i>21</i>  |  | Years <i>81</i>                       |  |
| Sex <i>Male</i>                           |  | Color or Race <i>White</i>                       |  | Birth-place <i>Maryland</i>                              |  | Months <i>2</i>                       |  |
| Occupation <i>Harmer</i>                  |  | Where Residing if not at place of death <i>—</i> |  | Days <i>2</i>  |  |                                       |  |
| Married, Single or Widowed <i>Widower</i> |  | Name of Wife or Husband <i>Margaret Teyman</i>   |  | Father's Birth-place <i>Ind</i>                          |  | Mother's Birthplace <i>Unknown</i>    |  |
| Father's Name <i>John Teyman</i>          |  | Mother's Maiden Name <i>Unknown</i>              |  | Name of person giving Information <i>J. Burns Wilson</i> |  | How related to deceased <i>Nephew</i> |  |

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

|   |                          |  |               |
|---|--------------------------|--|---------------|
| Primary   | <i>Chronic Nephritis</i> | How long                                   | <i>10 yrs</i> |
| Immediate   | <i>Uraemic Coma</i>      | How long                                   | <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |                          | Signature of Physician <i>Wm. E. Brown</i> |               |
| Address <i>Aguares Ind</i>  |                          |  |               |
| Accident or Suicide? <i>No</i>  |                          |  |               |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

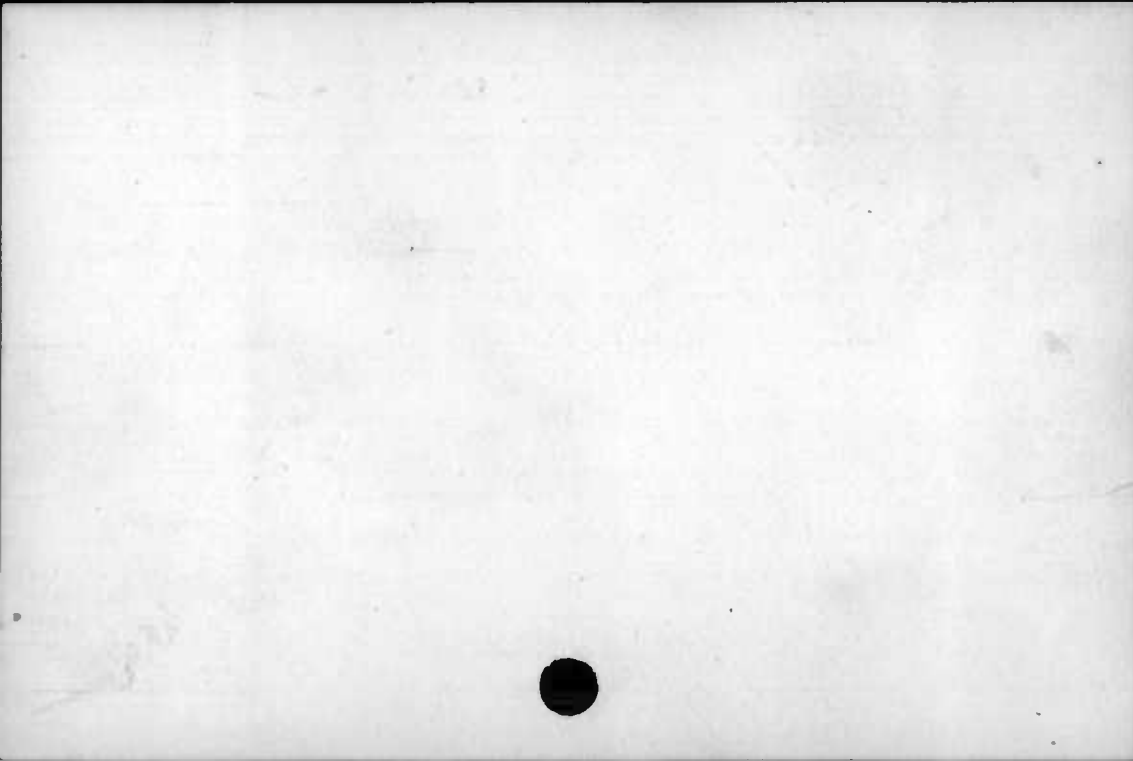
|   |  |   |  |                            |  |               |  |
|---|--|---|--|----------------------------|--|---------------|--|
| Died at <i>Georgetown</i>                             |  | <i>P. George</i>                        |  | County                     |  | MARYLAND      |  |
| Date of death <i>1908</i>                             |  | <i>July</i>                             |  | <i>4</i>                   |  | Age <i>68</i> |  |
| Sex <i>Male</i>                                       |  | Color or Race <i>White</i>              |  | Birth-place <i>Hungary</i> |  | Months        |  |
| Occupation <i>Farmer</i>                              |  | Where Residing if not at place of death |  |                            |  | Days          |  |
| Married, Single or Widowed <i>Married</i>             |  | Name of Wife or Husband <i>Unknown</i>  |  |                            |  |               |  |
| Father's Name <i>Unknown</i>                          |  | Father's Birthplace <i>Unknown</i>      |  |                            |  |               |  |
| Mother's Maiden Name <i>Unknown</i>                   |  | Mother's Birthplace <i>Unknown</i>      |  |                            |  |               |  |
| Name of person giving information <i>Miss Tremmel</i> |  | How related to deceased <i>Daughter</i> |  |                            |  |               |  |

CAUSES OF DEATH

*112*

PHYSICIAN  
OR CORONER

|   |                           |   |                   |
|---|---------------------------|---|-------------------|
| Primary   | <i>Cirrhosis of liver</i> | How long                                    | <i>1 yr</i>       |
| Immediate   | <i>Asphyxia</i>           | How long                                    | <i>2 1/2 hrs.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |                           | Signature of Physician <i>P. S. Sampson</i> |                   |
|   |                           | Address <i>Forestville Md</i>               |                   |
| Accident or Suicide? <i>neither</i>   |                           |   |                   |





Name  
in  
Full

Marie Tillman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |             |   |                         |                         |          |
|-----------------------------------|-------------|---|-------------------------|-------------------------|----------|
| Died at <sup>Town</sup> Barnaby   |             | <sup>County</sup> Prince Geo.           |                         | MARYLAND                |          |
| Date of death                     | 1908        | Month                                   | July                    | Day                     | 24       |
| Age                               | 1           | Years                                   | 5                       | Months                  | —        |
| Sex                               | Female      | Color or Race                           | Black                   | Birth-place             | Maryland |
| Occupation                        | Child       | Where Residing if not at place of death |                         |                         |          |
| Married, Single or Widowed        | —           |   | Name of Wife or Husband |                         |          |
| Father's Name                     | Wm Tillman  |   |                         | Father's Birthplace     | Maryland |
| Mother's Maiden Name              | Maggie Hall |   |                         | Mother's Birthplace     | Maryland |
| Name of person giving information | Wm Tillman  |   |                         | How related to deceased | Father   |

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

|           |             |          |         |
|-----------|-------------|----------|---------|
| Primary   | Pneumonia   | How long | 2 weeks |
| Immediate | Convulsions | How long | 1 day   |

Are the name, age, sex, color, date and place correctly given above?

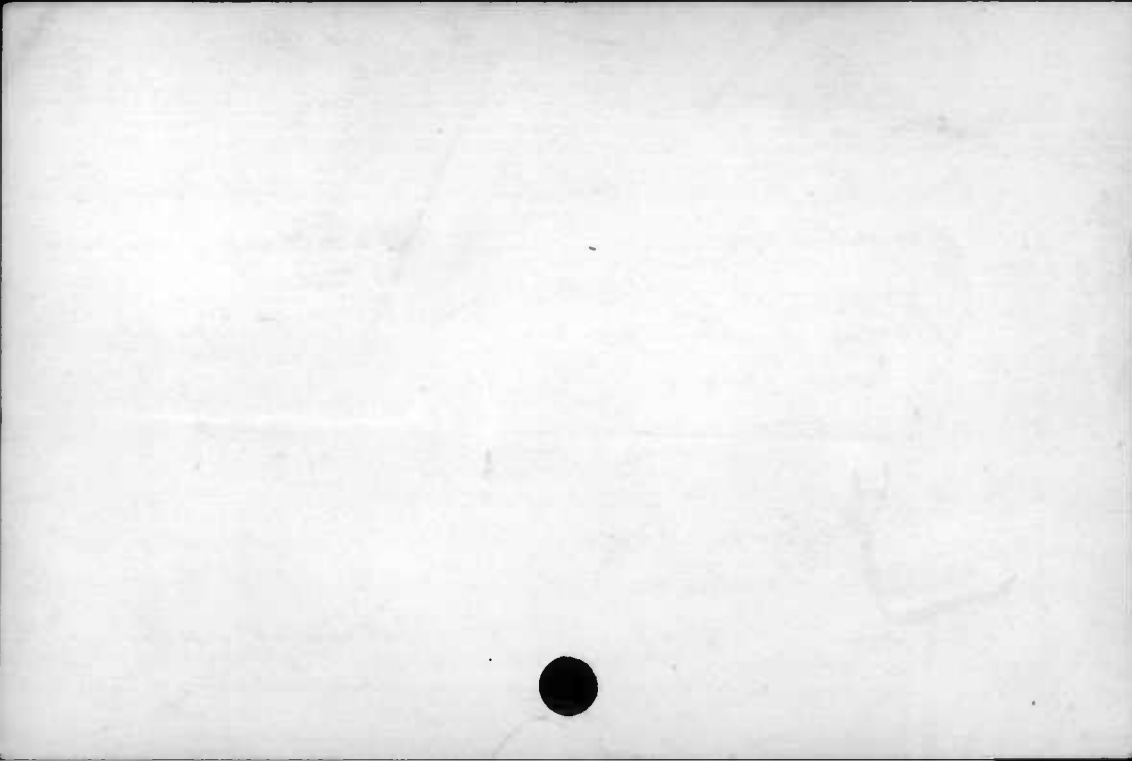
yes

Signature of Physician

Address

J. M. Parker M.D.  
Congress Heights  
D.C.

Accident or Suicide?



Name  
in  
Full

Emma A. Tydings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

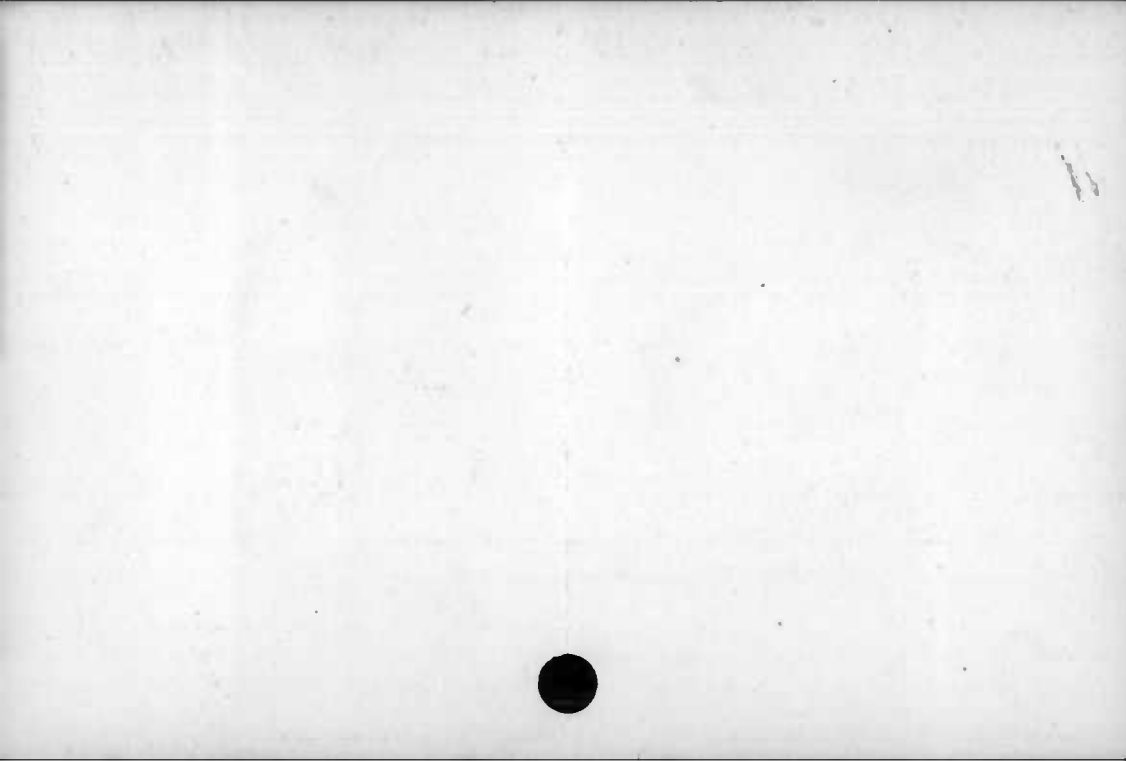
|   |                            |  |                                    |               |        |      |
|---|----------------------------|--|------------------------------------|---------------|--------|------|
| Died at <i>Mitchellsville</i>                           |                            | County <i>Prince George</i>                                      |                                    | MARYLAND      |        |      |
| Date of death   | 1908                       | Month <i>July</i>  | Day <i>27</i>                      | Age <i>64</i> | Months | Days |
| Sex <i>Female</i>                                       | Color or Race <i>white</i> |  | Birth-place <i>Ann Arundel Co.</i> |               |        |      |
| Occupation <i>Housekeeper</i>                           |                            | Where Residing if not at place of death <i>Prince George Co.</i> |                                    |               |        |      |
| <del>Married</del> , Single <del>or Widowed</del>       |                            | Name of Wife or Husband  |                                    |               |        |      |
| Father's Name <i>Roger Tydings</i>                      |                            | Father's Birthplace <i>Ann Arundel Co.</i>                       |                                    |               |        |      |
| Mother's Maiden Name <i>Mary Ann</i>                    |                            | Mother's Birthplace <i>" "</i>                                   |                                    |               |        |      |
| Name of person giving information <i>James Robinson</i> |                            | How related to deceased <i>nephew</i>                            |                                    |               |        |      |

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Cholera Morbus</i>   | How long <i>3 1/2 days</i>                 |
| Immediate <i>Collapse</i>   | How long <i>1 day</i>                      |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>John Peckham</i> |
|   | Address <i>Mitchellsville</i>              |
| Accident or Suicide? <i>9</i>   | <i>had</i>                                 |



|  |  |                 |       |   |     |                      |     |
|--|--|-----------------|-------|---|-----|----------------------|-----|
| Name is Full   |  | Robert Tyler    |       |   |     | CERTIFICATE OF DEATH |     |
| Died at  |  | Seaboard P.O.   |       | County                                  |     | MARYLAND             |     |
| Date of death  |  | 1908            | Month | July                                    | Day | 8                    | Age |
|  |  |                 |       |   |     | Years                | 4   |
|  |  |                 |       |   |     | Months               |     |
|  |  |                 |       |   |     | Days                 |     |
| Sex  |  | Male            |       | Color or Race                           |     | Black                |     |
| Occupation   |  | None            |       | Birth-place                             |     | Md                   |     |
|  |  |                 |       | Where Residing if not at place of death |     |                      |     |
| Married, Single or Widowed   |  | Single          |       | Name of Wife or Husband                 |     |                      |     |
| Father's Name  |  | Johnnie Tyler   |       | Father's Birthplace                     |     | Md                   |     |
| Mother's Maiden Name   |  | Mary Brown      |       | Mother's Birthplace                     |     | Md                   |     |
| Name of person giving information                                    |  | Emily Tyler     |       | How related to deceased                 |     | Grandmother          |     |
| CAUSES OF DEATH  |  |                 |       |   |     |                      |     |
| Primary  |  | Whooping Cough. |       |   |     | How long             |     |
|  |  |                 |       |   |     | 2 weeks              |     |
| Immediate  |  | No Known        |       |   |     | How long             |     |
|  |  |                 |       |   |     | Sudden               |     |
| Are the name, age, sex, color, date and place correctly given above? |  | yes             |       | Signature of Physician                  |     | John E. Samsbury     |     |
|  |  |                 |       | Address                                 |     | Frostville           |     |
|  |  |                 |       |   |     | Md                   |     |
| Accident or Suicide?   |  | Neither         |       |   |     |                      |     |



Name  
in  
Full

No Name

Warner

## CERTIFICATE OF DEATH

Died at Croom Town

Prince George County

MARYLAND

Date of death 1908 July 17 Age Years Months Days 4

Sex female Color or Race colored Birth-place Croom Md

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name John Warner Father's Birthplace Md

Mother's Maiden Name Lucy Ford Mother's Birthplace Md

Name of person giving In formation John Warner How related to deceased father

## CAUSES OF DEATH

151

Primary Weakness

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Ernest W. Garner

Address

Act' Coroner

Accident or Suicide? no

Northkeys, Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Lettie Warrick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> New Glats<sup>County</sup> Prince Geo.

Date of death 1908 July 20

Age 2

Months 4

Days

Sex Female

Color or Race Black

Birth-place m-d

Occupation Child

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Thomas Warrick

Father's Birthplace m-d

Mother's Maiden Name Lettie Nuby

Mother's Birthplace m-d

Name of person giving information Thomas Warrick

How related to deceased Father

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary Meningitis

How long 2 weeks

Immediate Convulsions

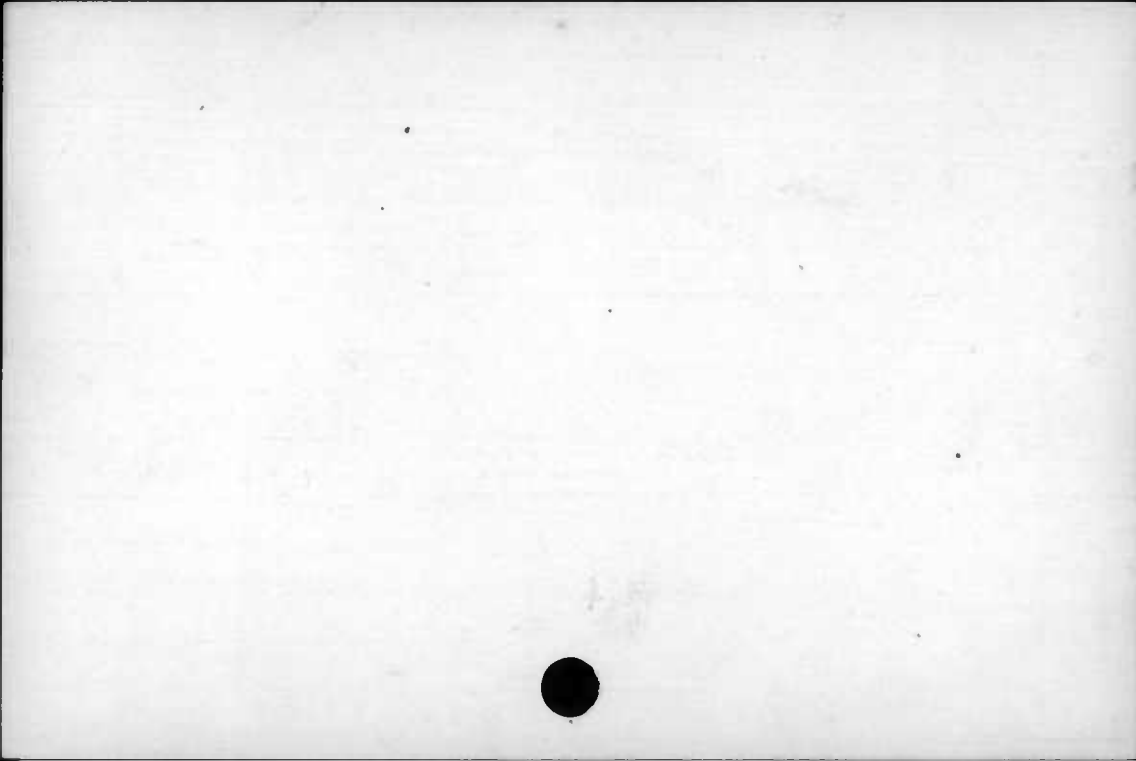
How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. M. Parker M.D.

Accident or Suicide?

Address Congress Heights D.C.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                                 |  |   |  |                  |  |
|---|--|---------------------------------|--|---|--|------------------|--|
| Name in Full<br><i>Martie E. Watts</i>                    |  | Town<br><i>Silver Hill</i>      |  | County<br><i>Pr. Geo.</i>                           |  | MARYLAND         |  |
| Died at   |  | Month<br><i>7</i>               |  | Day<br><i>27</i>                                    |  | Age<br><i>27</i> |  |
| Date of death<br><i>1908</i>                              |  | Years                           |  | Months  |  | Days             |  |
| Sex<br><i>Female</i>                                      |  | Color or Race<br><i>Colored</i> |  | Birth-place<br><i>Md.</i>                           |  |                  |  |
| Occupation<br><i>—</i>                                    |  |                                 |  | Where Residing if not at place of death<br><i>—</i> |  |                  |  |
| Married, Single or Widowed<br><i>Single</i>               |  |                                 |  | Name of Wife or Husband<br><i>—</i>                 |  |                  |  |
| Father's Name<br><i>William Watts</i>                     |  |                                 |  | Father's Birthplace<br><i>Md.</i>                   |  |                  |  |
| Mother's Maiden Name<br><i>Sarah A. Butler</i>            |  |                                 |  | Mother's Birthplace<br><i>Md.</i>                   |  |                  |  |
| Name of person giving information<br><i>William Watts</i> |  |                                 |  | How related to deceased<br><i>Father</i>            |  |                  |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                               |                        |               |
|--|-------------------------------|------------------------|---------------|
| Primary  | <i>acute Gastro-Enteritis</i> |                        | <i>105</i>    |
|  |                               |                        | How long      |
|  |                               |                        | <i>4 days</i> |
|  |                               |                        | How long      |
| Immediate  | <i>collapse</i>               |                        |               |
|  |                               |                        |               |
| Are the name, age, sex, color, date and place correctly given above? |                               | Signature of Physician |               |
| <i>Yes</i>   |                               | <i>E. J. Simpson</i>   |               |
|  |                               | Address                |               |
|  |                               | <i>For Dr. Simpson</i> |               |
|  |                               | <i>Trustville Md.</i>  |               |
| Accident or Suicide?   |                               |                        |               |

(12)



Name  
in  
Full

Mrs. Elizabeth Whitehead

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

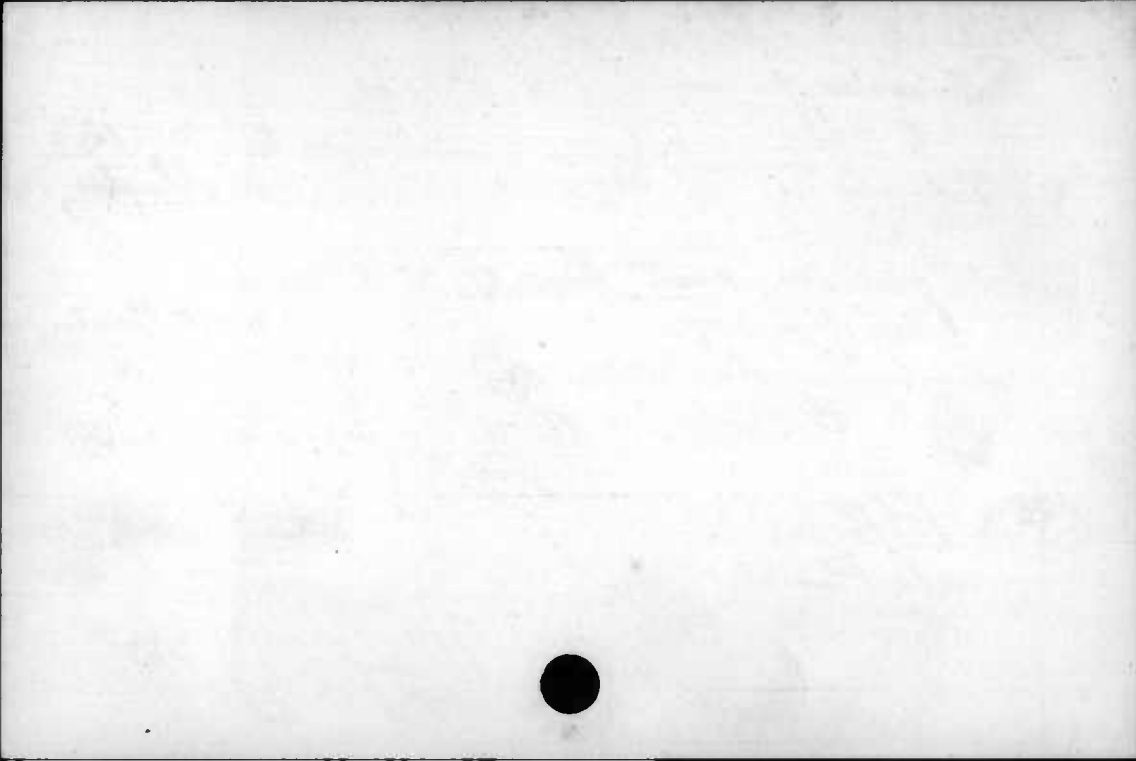
|                                   |                  |                |   |                     |            |                         |               |
|-----------------------------------|------------------|----------------|---|---------------------|------------|-------------------------|---------------|
| Died at                           |                  | Town<br>Laurel |   | County<br>P.T. Geo. |            | MARYLAND                |               |
| Date of death                     |                  | 1908           | Month<br>7                              | Day<br>10           | Age<br>31  | Months<br>7             | Days<br>13    |
| Sex                               | Female           |                | Color or Race                           | White               |            | Birth-place             | P.T. Geo. Co. |
| Occupation                        | Housewife        |                | Where Residing if not at place of death |                     | Laurel Md. |                         |               |
| Married, Single or Widowed        | Married          |                | Name of Wife or Husband                 | Chas. E. Whitehead. |            |                         |               |
| Father's Name                     | Jas. Gallagher.  |                |   |                     |            | Father's Birthplace     | Ireland.      |
| Mother's Maiden Name              | Elizabeth Turner |                |   |                     |            | Mother's Birthplace     |               |
| Name of person giving information | Chas. Whitehead. |                |   |                     |            | How related to deceased | Husband.      |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|  |                        |                        |                 |
|--|------------------------|------------------------|-----------------|
| Primary  | Grippe.                | How long               | 3 Weeks         |
| Immediate  | Pulmonary Tuberculosis | How long               | 3 months        |
| Are the name, age, sex, color, date and place correctly given above? |                        | Signature of Physician | John Cronmiller |
| Yes  |                        | Address                | Laurel Md       |
| Accident or Suicide?   |                        |                        |                 |



Name  
in  
Full

Marie Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

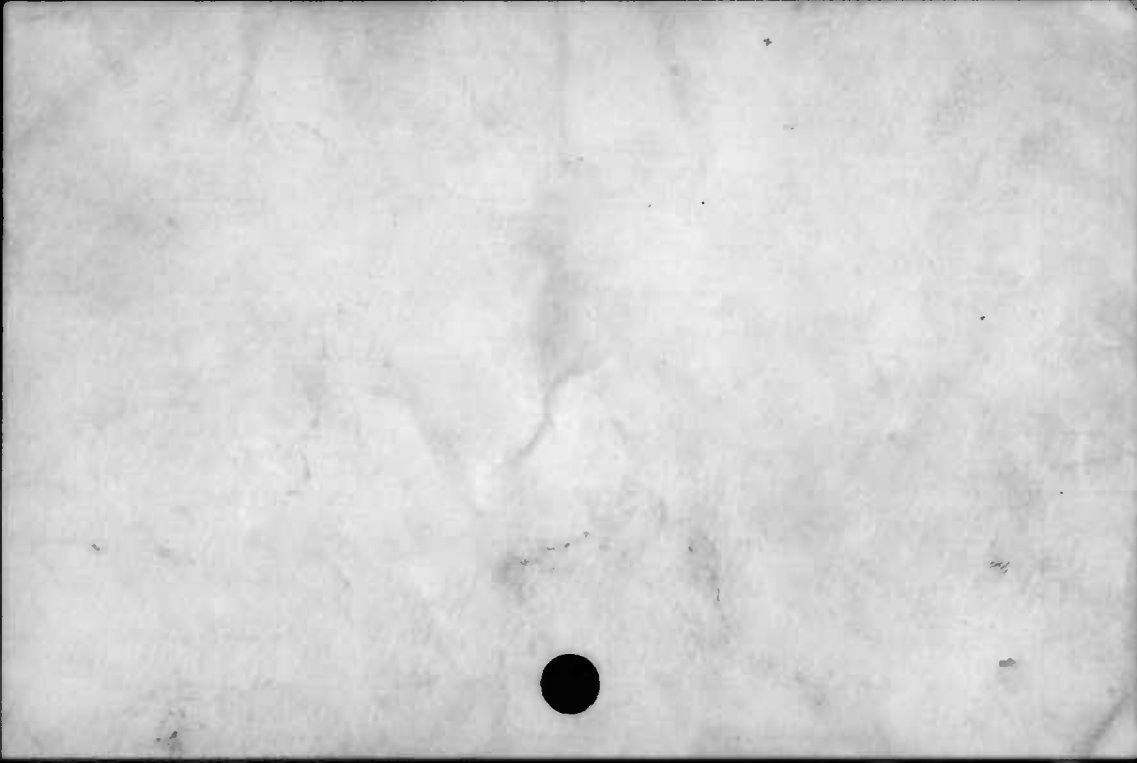
|  |   |                           |  |                             |       |                 |                |
|--|---|---------------------------|--|-----------------------------|-------|-----------------|----------------|
| Died at <i>Fairview Farm</i>                           |   | Town <i>Prince George</i> |  | County <i>Prince George</i> |       | MARYLAND        |                |
| Date of death  | <i>1908</i>                                       | Month <i>July</i>         | Day <i>6</i>                           | Age <i>17</i>               | Years | Months <i>1</i> | Days <i>13</i> |
| Sex <i>Female</i>                                      | Color Race <i>Negress</i>                         |                           | Birth-place <i>near Collington, Md</i> |                             |       |                 |                |
| Occupation <i>school</i>                               | Where Residing if not at place of death           |                           |  |                             |       |                 |                |
| Married, Single or Widowed <i>Married</i>              | Name of <del>husband</del> <i>Ernest Williams</i> |                           |  |                             |       |                 |                |
| Father's Name <i>Basil Wood</i>                        | Father's Birthplace <i>near Collington, Md</i>    |                           |  |                             |       |                 |                |
| Mother's Maiden Name <i>Elizabeth Thomas</i>           | Mother's Birthplace <i>" " "</i>                  |                           |  |                             |       |                 |                |
| Name of person giving information <i>H. B. Addison</i> | How related to deceased                           |                           |  |                             |       |                 |                |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Phtisis Pulmonalis</i>  | How long <i>Since of many years</i>               |
| Immediate <i>Phtisis</i>   | How long <i>-</i>                                 |
| Are the name, age, sex, color, date and place correctly given above? <i>Ys</i> | Signature of Physician <i>Wm M. Dr. Wall M.D.</i> |
| <i>J</i>   | Address <i>Springfield Md.</i>                    |
| Accident or Suicide? <i>No</i>   |   |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

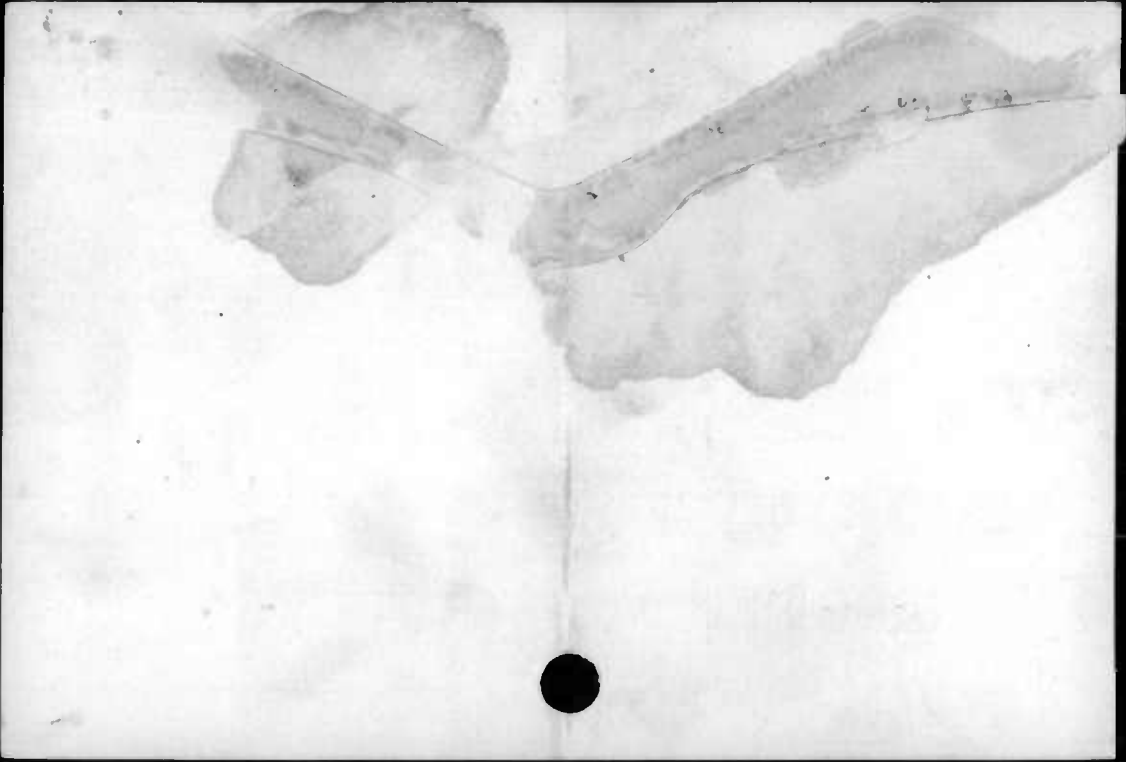
|  |  |   |  |                                |  |                     |  |
|--|--|---|--|--------------------------------|--|---------------------|--|
| Name in Full<br><i>Julia Ann Windsor</i>                     |  | Town<br><i>Largo</i>                                |  | County<br><i>Prince George</i> |  | MARYLAND            |  |
| Died at<br><i>Largo</i>                                      |  | Month<br><i>July</i>                                |  | Days<br><i>19</i>              |  | Age<br><i>7 1/2</i> |  |
| Date of death<br><i>1908</i>                                 |  | Month<br><i>July</i>                                |  | Days<br><i>19</i>              |  | Age<br><i>7 1/2</i> |  |
| Sex<br><i>Female</i>   |  | Color or Race<br><i>White</i>                       |  | Birth-place<br><i>Md</i>       |  |                     |  |
| Occupation<br><i>none</i>                                    |  | Where Residing if not at place of death             |  |                                |  |                     |  |
| Married, Single or Widowed<br><i>widow</i>                   |  | Name of Wife or Husband<br><i>William A Windsor</i> |  |                                |  |                     |  |
| Father's Name<br><i>Unknown</i>                              |  | Father's Birthplace<br><i>Md</i>                    |  |                                |  |                     |  |
| Mother's Maiden Name<br><i>Unknown</i>                       |  | Mother's Birthplace<br><i>" "</i>                   |  |                                |  |                     |  |
| Name of person giving information<br><i>George W Windsor</i> |  | How related to deceased<br><i>Son</i>               |  |                                |  |                     |  |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|  |                               |  |
|--|-------------------------------|--|
| Primary  | <i>Valvular Heart trouble</i> | How long<br><i>Two yrs</i>                     |
| Immediate  | <i>collapse</i>               | How long<br><i>Immediate</i>                   |
| Are the name, age, sex, color, date and place correctly given above?<br><i>yes</i> |                               | Signature of Physician<br><i>John E Sawney</i> |
| Address<br><i>Forestville</i>  |                               |  |
| Accident or Suicide?<br><i>no</i>  |                               | <i>Md.</i>                                     |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |   |  |                           |  |           |  |
|---|--|---|--|---------------------------|--|-----------|--|
| Name in Full<br><i>Ann Woods</i>                        |  | Town<br><i>Lanver</i>                               |  | County<br><i>P. Geo.</i>  |  | MARYLAND  |  |
| Died at   |  | Date of death                                       |  | Age                       |  | Months    |  |
|   |  | <i>1908 July 22</i>                                 |  | <i>83</i>                 |  | <i>10</i> |  |
| Sex<br><i>Female</i>                                    |  | Color or Race<br><i>Colored</i>                     |  | Birth-place<br><i>Ind</i> |  |           |  |
| Occupation<br><i>None</i>                               |  | Where Residing if not at place of death<br><i>—</i> |  |                           |  |           |  |
| Married, Single or Widowed<br><i>Single</i>             |  | Name of Wife or Husband<br><i>John Wood</i>         |  |                           |  |           |  |
| Father's Name<br><i>York Shipley</i>                    |  | Father's Birthplace<br><i>Ind</i>                   |  |                           |  |           |  |
| Mother's Maiden Name<br><i>Unknown</i>                  |  | Mother's Birthplace<br><i>Ind</i>                   |  |                           |  |           |  |
| Name of person giving information<br><i>Grace Woods</i> |  | How related to deceased<br><i>daughter</i>          |  |                           |  |           |  |

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

|   |  |   |  |
|---|--|---|--|
| Primary<br><i>General debility</i>  |  | How long<br><i>10 years.</i>                  |  |
| Immediate<br><i>Heart failure</i>   |  | How long<br><i>few hours.</i>                 |  |
| Are the name, age, sex, color, date and place correctly given above?<br><i>Yes.</i> |  | Signature of Physician<br><i>R. C. Harley</i> |  |
| Address<br><i>Lanver Ind.</i>   |  |   |  |
| Accident or Suicide?<br><i>No</i>   |  |   |  |

Fischer + Phair  
int Laurel

Name  
in  
Full

CERTIFICATE OF DEATH

*Yates, infant.*

TO BE ANSWERED BY  
NEAREST FRIEND

|  |             |   |                |  |              |
|--|-------------|---|----------------|--|--------------|
| Died at <i>near</i> <sup>Town</sup> <i>13.</i> |             | <sup>County</sup> <i>Pr Geo</i>         |                | MARYLAND                               |              |
| Date of death                                  | 1908        | Month                                   | 7              | Day                                    | 23           |
| Age  |             | Years                                   |                | Months                                 |              |
| Sex  | <i>male</i> | Color or Race                           | <i>Colored</i> | Birth-place                            | <i>TB Md</i> |
| Occupation                                     |             | Where Residing if not at place of death |                |  |              |
| Married, Single or Widowed                     |             | Name of Wife or Husband                 |                |  |              |
| Father's Name                                  |             | <i>Albert Yates.</i>                    |                | Father's Birthplace <i>Chas Co Md</i>  |              |
| Mother's Maiden Name                           |             | <i>Effie Marshall.</i>                  |                | Mother's Birthplace <i>" " "</i>       |              |
| Name of person giving information              |             | <i>Albert Yates.</i>                    |                | How related to deceased <i>father.</i> |              |

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

|  |   |                                      |  |
|--|---|--------------------------------------|--|
| Primary  | <i>Weak at birth.</i>                   | How long                             |  |
| Immediate  | <i>Continuous Coughing, Exhaustion.</i> | How long                             |  |
| Are the name, age, sex, color, date and place correctly given above? |   | Signature of Physician               |  |
| <i>Yes</i>   |   | <i>Acting Coroner, Wm H. Squires</i> |  |
|  |   | Address                              |  |
|  |   | <i>Brandwine Pr Geo Co Md</i>        |  |
| Accident or Suicide?   |   |                                      |  |

1.1